Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561 RECEIVED
OCT 0 8 2008

Form Approved 1/14/99 OMB Number 2040-0086

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FORM

2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1.	Facility Information.					
	Facility Name	Children's Home of Virginia	Baptists Inc.			
	Mailing Address	6900 Hickory Road, Petersburg, Virginia 23803				
	Contact Person	Jean Cobb				
	Title	Anniatant Director				
	Telephone Number	(804) 590-2080				
	Facility Address (not P.O. Box)	6900 Hickory Road, Petersburg, Virginia 23803				
A.2.	Applicant Information	on. If the applicant is different from	m the above, provide the f	following:		
	Applicant Name					
	Mailing Address					
	Contact Person					
	Title					
	Telephone Number	()				
	Is the applicant the	owner or operator (or both) of the	he treatment works?			
		operator	•			
	Indicate whether con	respondence regarding this permit	should be directed to the	facility or the	a p plicant.	
		applicant				
A.3.	Existing Environme the treatment works	ental Permits. Provide the permit (include state-issued permits).	number of any existing er	nvironmental p	ermits that have been issue	ed to
	NPDES		PSD			
	UIC		Other	VPDES Per	mit # VA0027561	
	RCRA		Other			
A.4.	Collection System Inf population of each enti ownership (municipal,	formation. Provide information on ty and, if known, provide information private, etc.).	nunicipalities and areas on on the type of collection	served by the n system (con	facility. Provide the name nbined vs. separate) and its	and }
	Name	Population Served	Type of Collection	System	Ownership	
	Children's Home					
	of Virginia					
	Baptists Inc.	40	Separate		Private	
***************************************	Total population	served 40			***************************************	

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A.5.	Indian	Country.				
	a.	Is the treatment works located in	Indian Country?			
		☐ Yes No				
	b.	Does the treatment works dischar flows through) Indian Country?	rge to a receiving water that is elt	ther in Indian Country or	that is upstream fr	om (and eventually
		☐ Yes				
A.6.	average	ndicate the design flow rate of the to daily flow rate and maximum daily ith the 12 th month of "this year" occ	flow rate for each of the last three	e vears. Each vear's dat	a must be based of	le). Also provide the on a 12-month time
	a.	Design flow rate 0.010 m	gđ			
			Two Years Ago	Last Year	This Ye	<u>ear</u>
	b.	Annual average daily flow rate	0	0	0	
	C.	Maximum daily flow rate	0	0	0	
A. 7.	Collecti- contribut	on System. Indicate the type(s) of tion (by miles) of each.	collection system(s) used by the	treatment plant. Check	all that apply. Als	o estimate the percent
	⊠ Sepa	arate sanitary sewer			100	%
	☐ Com	bined storm and sanitary sewer				<u></u> %
A.8.	Dischar	ges and Other Disposal Methods	3.			
	a.	Does the treatment works discha	rge effluent to waters of the U.S.	? Xes	⊠ No	•
		If yes, list how many of each of the	ne following types of discharge po	oints the treatment works	uses:	
		i. Discharges of treated of	effluent			
		ii. Discharges of untreate	d or partially treated effluent			
		iii. Combined sewer overf	low points		***************************************	
		iv. Constructed emergence	cy overflows (prior to the headwor	rks)	· · · · · · · · · · · · · · · · · · ·	
			o discharge, Not dischargir			
	b.	Does the treatment works dischat that do not have outlets for disch		other surface impoundments [] Yes	ents No)
		If yes, provide the following for e	ach surface impoundment:			
		Location:				
		Annual average daily volume dis		s) <u>0</u>		mgđ
		Is discharge	ous or intermittent?			
	C.	Does the treatment works land-a			Yes	⊠ No
		If yes, provide the following for e	ach land application site:			
		Location:				
		Number of acres:			Middle Market Control of the Control	**************************************
		Annual average daily volume app			ngd	
		•	inuous or intermittent?			
	d.	Does the treatment works dischatreatment works?	arge or transport treated or untrea	ated wastewater to anoth	er Yes	⊠ No

Θ.

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe). If transport is by a party other than the applicant, provide: Transporter Name _ Mailing Address Contact Person Title Telephone Number (____ For each treatment works that receives this discharge, provide the following: Name Mailing Address Contact Person Title Telephone Number (____) If known, provide the NPDES permit number of the treatment works that receives this discharge Provide the average daily flow rate from the treatment works into the receiving facility. Does the treatment works discharge or dispose of its wastewater in a manner not included No in A.8. through A.8.d above (e.g., underground percolation, well injection): X Yes If yes, provide the following for each disposal method: Description of method (including location and size of site(s) if applicable):

continuous or

intermittent?

Annual daily volume disposed by this method:

Is disposal through this method

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

Des	cription of Outfall.				
a.	Outfall number	001	·····		
b.	Location	Petersburg			23803
		(City or tow	ı, if applicable)		(Zip Code)
		Chesterfie (County)	ld		VA (State)
		(County)			(State)
		(Lattitulde)			(Longitude)
c.	Distance from shore	(if applicable)	N/A		ft.
d.	Depth below surface	(if applicable)	N/A		ft.
е.	Average daily flow ra	te	<u>0</u>		mgd
f.	Does this outfall have	e either an intermi	·	57	No (set Ann)
	discharge? If yes, provide the fol	lowing information	Yes		No (go to A.9.g.)
	Number f times per y				
		-	ur5.		
	Average duration of e	ŭ	***************************************		
	Average flow per disc				mgd
	Months in which disc	_			^
g.	is outfall equipped w	ith a diffuser?	Yes	\boxtimes	No
Des	cription of Receiving Wa	aters.			
a.	Name of receiving w	ater <u>ur</u>	-named tributary to	Church Bra	anch
b.	Name of watershed	(if known) <u>Ja</u>	mes River		
	United States Soil Co	onservation Servic	e 14-digit watershed co	de (if known)	:
c.	Name of State Mana	gement/River Bas	in (if known):	James Riv	er
	United States Geological	gical Survey 8-dig	t hydrologic cataloging		
d.	Critical low flow of re	_		•	,
	acute N/A	cfs	chronic	N/A	cfs
e.	Total hardness of so	ceiving stream at o	mitiaal laur flaur /if amalia	able)· N/A	mg/l of CaCO

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	***************************************				***************************************							
A.11.	Descripti	ion of T	reatment									
	a.	What le	vels of trea	itment are pro	ovided? Che	eck all that	apply.					
		⊠ Prin		*******	Secondary							
		☐ Adv	anced		Other. Des	cribe:						
	b. I	Indicate	the followi	ng removal r	ates (as app	licable):						
	1	Design	BOD5 rem	oval <u>or</u> Desig	n CBOD5 re	moval	ļ	Unknov	wn influ	ent cons	entration	%
	1	Design -	SS remova	1							entration	%
	ļ	Design	P removal								entration	%
	1	Design	N removal								entration	%
	(Other					•					/ ₆
	c. 1	What ty	pe of disin	fection is use	d for the effl	uent from th	nis outfal	l? If dis	infection v	varies by	······································	ase describe:
		None								······································		
		If disinfe	ection is by	chlorination	i s dechlorina	ation used f	or this ou	ıtfall?		☐ Yes	П	No
	đ.	Does th	e treatmer	t plant have p	oost aeratior	1?				☐ Yes		
				· · · · · · · · · · · · · · · · · · ·								
Outfall	data mus	st be ba	on at 001	i methods fo least three s	samples and	d must be	no more	than fo	ur and o	ne-half y	ears apart.	ent testing
	PARAME	TER		MAXIMUMI	DAILY VAL	UE	₹3:`Y4:'\$\$;(?)	** **** A	VÉRAĞÎ	DAILY	VALUE :	
				Value	Units	<u> </u>	Value	7-40 ph. 15-11	Uni	760 66 5 227	and tax of con-	of Samples
pH (Mir	nimum)			6.92	s.u.	9/4	2000			San San S		
pH (Ma	eximum)	***************************************		7.27	s.u.	**	98.46	2174	per = 44.	Aller.		Military
Flow R	ate			0								
Tempe	rature (Win	iter)							**			
Tempe	rature (Sun			30.2	c		28.1		C	<u></u>		3
·····	POLLU		213-2-12 Buch S. S. S. S. S. S.	nimum and a	M DAILY	4 1 1/2 1 1 1 1 2 1 1 1 1	VERAG	F DΔII	V VXXX	ΔΝΔΙ	YTICAL	ML/MDL
					IARGE		DISCH				HOD	MICHICA
,				Conc.	Units	Conc.	Units	. 1	nber of mples			
CONV	ENTIONA	L AND	NON CC	NVENTION	AL COMP	OUNDS	7.1.7.3.4.0	1 5	• • • • • •	<u> </u>		
вюсн	EMICAL OXY	/GEN	BOD5	8	mg/L	6	mg/L		3	SM18	5210B	****
DEMAN	ID (Report or	ne)	CBOD5									
	COLIFOR			65	mg/L	37	mg/L		3	SM18	9222D	
TOTAL	TOTAL SUSPENDED SOLIDS (TSS)			9	mg/L	4.67	mg/L		3	SM18	2540D	

END OF PART A. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1.		v and infiltration. Estimate the average number of gallons per day that flow into the treatment wor infiltration.	orks from inflow								
	N/A	gpd									
	Brief	y explain any steps underway or planned to minimize inflow and infiltration.									

B.2.	Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map in one map does not show the entire area.)										
	a.	The area surrounding the treatment plant, including all unit processes.									
	b.	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.	structures through which								
	C.	Each well where wastewater from the treatment plant is injected underground.									
	d.	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within $\frac{1}{2}$ mile of the property boworks, and 2) listed in public record or otherwise known to the applicant.	undaries of the treatment								
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.									
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recrail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treatment works and where it is treatment.									
B.3.	backi chlori	ress Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including power sources or redundancy in the system. Also provide a water balance showing all treatment units, including nation and dechlorination). The water balance must show daily average flow rates at influent and discharge point ates between treatment units. Include a brief narrative description of the diagram.	ng disinfection (e.g.,								
B. 4.	Oper	ation/Maintenance Performed by Contractor(s).									
		ny operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment wo actor? Yes No	rks the responsibility of a								
		s, list the name, address, telephone number, and status of each contractor and describe the contractor's responsi s if necessary).	bilities (attach additional								
	Nam	e:									
	Maili	ng Address:									
	Tele	phone Number: ()									
	Resp	onsibilities of Contractor:									
B.5.	unco treat	eduled Improvements and Schedules of Implementation. Provide information on any uncompleted im mpleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the ment works has several different implementation schedules or is planning several improvements, submit separate ach. (If none, go to question B.6.)	ne treatment works. If the								
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedul	le.								
ĺ		N/A									
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federa	l agencies.								
İ		☐ Yes ☐ No									

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If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable). N/A Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible. Schedule **Actual Completion** Implementation Stage MM/DD/YYYY MM/DD/YYYY - Begin Construction - End Construction - Begin Discharge - Attain Operational Level Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No Describe briefly: N/A EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY). Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old. Outfall Number: N/A **POLLUTANT** MAXIMUM DAILY **AVERAGE DAILY** ANALYTICAL ML/MDL DISCHARGE DISCHARGE METHOD Conc. Units Conc. Units Number of Samples CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS AMMONIA (as N) CHLORINE (TOTAL RESIDUAL, TRC) **DISSOLVED OXYGEN** TOTAL KJELDAHL NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN OIL and GREASE PHOSPHORUS (Total) TOTAL DISSOLVED SOLIDS (TDS) OTHER END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

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VPDES Perr	mit # VA0027561	
BASIC APPLICATION IN	NFORMATION	
PART C. CERTIFICATION	V	
applicants must complete all appli	icable sections of Form 2A, as earling this certification statem	istructions to determine who is an officer for the purposes of this certification. All explained in the Application Overview. Indicate below which parts of Form 2A you have nent, applicants confirm that they have reviewed Form 2A and have completed all nitted.
Indicate which parts o	of Form 2A you have comp	leted and are submitting:
Basic Application Info	rmation packet	Supplemental Application Information packet:
		Part D (Expanded Effluent Testing Data)
		Part E (Toxicity Testing: Biomonitoring Data)
		Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
		Part G (Combined Sewer Systems)
ALL APPLICANTS MUST CO	MPLETE THE FOLLOWING	GERTIFICATION.
designed to assure that qualified property manage the system or those pers	personnel properly gather and e sons directly responsible for gath	nts were prepared under my direction or supervision in accordance with a system evaluate the information submitted. Based on my inquiry of the person or persons who nering the information, the information is, to the best of my knowledge and belief, true, nalties for submitting false information, including the possibility of fine and imprisonment
Name and official title	Jean Cobb 🕿	
Signature	Jun Ch	WBB2
Telephone number	(804) 590-2080	
Date signed	<u> </u>	
Upon request of the permitting au works or identify appropriate perm	uthority, you must submit any oth nitting requirements.	her information necessary to assure wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number:		((Complete once for each outfall discharging effluent to waters of the United States.)									
	N	UMIXAN DISCH		′	A)	/ERAGE	DAILY	RGE				
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL	
METALS (TOTAL RE	COVERABI	LE), CYAN	IDE, PHE	NOLS, AN	ID HARDN	ESS.	3				<u> </u>	
ANTIMONY							<u> </u>					
ARSENIC												
BERYLLIUM				<u> </u>								
CADMIUM												
CHROMIUM												
COPPER							 					
LEAD											<u> </u>	
MERCURY							<u> </u>				1	
NICKEL							<u> </u>				<u> </u>	
SELENIUM												
SILVER												
THALLIUM												
ZINC												
CYANIDE												
TOTAL PHENOLIC COMPOUNDS					The second secon		***************************************					
HARDNESS (AS CaCO3)	-							THE PROPERTY OF THE PROPERTY O				
Use this space (or a s	eparate she	eet) to prov	ide inform	ation on o	ther metal	s requeste	d by the p	ermit writer				
			***	-	-							
				<u> </u>	 		1	 			1	

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Outfall number:		(1	Complete	once for e	ach outfall	dischargi	ng effluent	to waters o	of the United	States.)	
	N		A۱	/ERAGE	DAILY						
POLLUTANT	Conc.	DISCH Units	Mass	Units	Conc.	Units	Mass	Units	Number of	ANALYTICAL METHOD	ML/MDL
VOLATILE ORGANIC	COMPOUN	NDS	-3-4-3-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	<u> </u>	Lista y Sa.			Lansarios	Samples		12/1/2
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											:
CARBON TETRACHLORIDE								:			
COLORBENZENE										P	
CHLOROBIDBROMO- METHANE											
CHLOROETHANE											
2-CHLORO- ETHYLVINYL ETHER											
CHOLOROFORM											
DICHLOROBROMO- METHANE											
1,1- DICHLOROETHANE											
TRANS-1,2- DICHLORO- ETHYLENE											
1,1- DICHLOROPROPANE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE						***************************************					
METHYLENE CHLORIDE											
1,1,2,2- TETRACHLORO- ETHANE											
TETRACHLORO- ETHYLENE											
TOLUENE	1				*						

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Outfall number:		((Complete	once for e	ach outfall	dischargir	ng effluent	to waters o	of the United	States.)	
	N.	IAXIMUI	M DAILY		A۱	/ERAGE	DAILY	DISCHA	CHARGE		
POLLUTANT	Conc.	DISCH. Units	ARGE Mass	Units	Conc.	Units	Mass	Units	Number	ANALYTICAL	ML/MDL
							mass	OIIIIS	of	METHOD	
1,1,1- TRICHLOROETHANE			<u> </u>						Samples		
1,1,2- TRICHLOROETHANE						***************************************	***************************************	The state of the s			
TRICHLOROETHYL ENE											
VINYL CHLORIDE											
Use this space (or a se	eparate she	et) to provi	ide informa	ation on o	ther metals	requeste	d by the p	i ermit writer	<u> </u>	<u> </u>	
		-			1		, , , , , , , , , , , , , , , , , , ,				
ACID-EXTRACTABLE	COMPOU	NDS			1						
P-CHLORO-M- CRESOL								***************************************			
2-CHLOROPHENOL											
2,4- DIMETHYLPHENOL											
4,6-DINITRO-O- CRESOL	***************************************										
2,4- DINITROPHENOL											
2-NITROPHENOL					 						
4-NITROPHENOL											
PENTA CHLOROPHENOL											
PHENOL											
2,4,6-TRICHLORO PHENOL											
Use this space (or a se	eparate she	et) to prov	ide inform:	ation on o	ther metals	requeste	d by the p	ermit writer	<u> </u>	I	<u> </u>
BASE-NEUTRAL CO	MPOUNDS		1	<u> </u>		I		<u> </u>	1		<u></u>
ACENAPHTHENE								***************************************			
ACENAPHTYLENE							······································				
ANTHRACENE										:	
BENZIDINE											
BENZO(A) ANTHRACENE											
BENZO(A)PYRENE											

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Outfall number:	Ser Belter N	AXIMU	Complete (Carre to the	A\	/ERAGE	DAILY	States.)	\$ 125. S S S		
POLLUTANT	DISCHARGE						ANALYTICAL				
PULLUIANI	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of	METHOD	ML/MDL
			31 16 16 16 16 16 16 16 16 16 16 16 16 16	100 m	X & X &				Samples		
3.4 BENZO- FLUORANTHENE					Average de la constant de la constan						
BENZO(GHI)PERYL ENE								Anna			
BENZO(K)FLUORA NTHENE											
BIS (2-CHLORO ETHOXY) METHANE											
BIS (2-CHLOROETHYL)- ETHER											
BIS (2-CHLOROISO- PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE							<u> </u>				
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORO NAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE								-			
1,2-DICHLORO BENZENE											
1,3-DICHLORO BENZENE								***************************************			
1,4-DICHLORO BENZENE											
3,3-DICHLORO BENZIDINE									A distance of the second of th		
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE	And the second s										
2,4-DINITROTOLUENE								-			
2,6-DINITROTOLUENE											
1,2- DIPHENYLHYDRAZINE	<u> </u>										

DIPHENYLHYDRAZINE				***************************************		
	 	 	 ··········	 	 	J

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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Outfall number:		(Complete	once for e	ach outfall	dischargir	ng effluent	to waters o	of the United	States.)	
		IAXIMUI DISCH	M DAIL) ARGE		A\	/ERAGE	DAILY	DISCHA	RGE	ANALYTICAL	
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	ML/MDL
FLUORANTHENE							S. St. Saller de		- Campica		
FLUORENE											
HEXACHLORO BENZENE											
HEXACHLOROBUT ADIENE								**************************************	-		
HEXACHLOROCYCLO- PENTADIENE											
HEXA CHLOROETHANE											
INDENO(1,2,3-CD) PYRENE											
ISOPHORONE		***************************************						1			
NAPHTHALENE					<u> </u>						
NITROBENZENE	A CONTRACTOR OF THE CONTRACTOR	<u> </u>									
N-NITROSODI-N- PROPYLAMINE							The state of the s				
N-NITROSODI- METHYLAMINE											
N-NITROSODI- PHENYLAMINE	A A A A A A A A A A A A A A A A A A A										
PHENANTHRENE											
PYRENE											
1,2,4- TRICHLOROBENZENE											
Use this space (or a s	eparate she	et) to prov	vide inform	ation on c	ther metal	s requeste	d by the p	ermit writer	•		
Use this space (or a s	eparate she	eet) to prov	vide inform	ation on c	ther metal	s requeste	d by the p	ermit writer			_ .
THE COLD THE STATE OF THE COLD TO A	C20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LOVE SYSTEM YOU ARE	na 197 Stabbarasky 1	Section 1 Sections	1000 4 Sec. 30. 18. 16. 1.	WARRY TO A STREET AND ADDRESS OF THE	4 M NA 124 5 4 5	and the state of the			

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test
 conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a
 toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

comple				
E.1.	Required Tests.			11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	Indicate the number of whole of	effluent toxicity tests conducted in	the past four and one-half years.	
	Chronic Cacute			
E.2.	Individual Test Data. Com one column per test (where ea	nplete the following chart <u>for each</u> ach species constitutes a test). Co	whole effluent toxicity test conductory this page if more than three to	cted in the last four and one-half years. Allow ssts are being reported.
		Test number:	Test number:	Test number:
	a. Test information.	·		
Test Sp	pecies & test method number			
Age at	initiation of test			
Outfall	number			
Dates s	sample collected			
Date te	st started			
Duratio	'n			
	b. Give toxicity test me	ethods followed.		······································
Manua	l title			
Edition	number and year of publication			
Page n	number(s)			
	c. Give the sample co	llection method(s) used. For multi	ple grab samples, indicate the nu	imber of grab samples used.
24-Hou	ır composite			
Grab				
	d. Indicate where the	sample was taken in relation to dis	infection. (Check all that apply for	or each.
Before	disinfection			
After d	isinfection			
After d	echlorination			

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		Test number:	Test number:	Test number:
e.	Describe the point in	the treatment process at which the sar	nple was collected.	
Sample was collected:				
f.	For each test, includ	e whether the test was intended to asse	ess chronic toxicity, acute toxicity, or bo	ith
Chronic toxicity				
Acute toxicity				
g.	Provide the type of to	est performed.	hamman	
Static				
Static-renewal				
Flow-through				
h.	Source of dilution wa	ater. If laboratory water, specify type; if	receiving water, specify source.	
Laboratory water				
Receiving water				
i.	Type of dilution water	er. If salt water, specify "natural" or type	of artificial sea salts or brine used.	
Fresh water				
Salt water				
j.	Give the percentage	effluent used for all concentrations in t	he test series.	
k.	Parameters measur	ed during the test. (State whether para	meter meets test method specifications	5)
pН				
Salinity				
Temperature				
Ammonia				
Dissolved oxygen				
1.	Test Results.	<u> </u>		
Acute:				
Percent effluent	survival in 100%	%	%	%
LC ₅₀				
95% C.	f.	%	%	%
Control	percent survival	%	%	%
Other (d	describe)			

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Observation and the second sec			
Chronic:	**		
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quali	ty Assurance.	4.	
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	1 1	I I	1 1
Other (describe)			
Yes No	ation. Is the treatment works involved in If yes, describe:		
E.4. Summary of Submitted Bi regarding the cause of toxicity, authority and a summary of the	omonitoring Test Information. If y within the past four and one-half years, p e results.	ou have submitted biomonitoring test provide the dates the information was	t information, or information submitted to the permitting
Date submitted:	/ (MM/DD/YYYY)		
Summary of results: (see instr	ructions)		
	END OF PA	2.1°F	
REFER TO THE APPLIC	ATION OVERVIEW TO DE		D DARTS OF FORM

2A YOU MUST COMPLETE.

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.: **GENERAL INFORMATION:** F.1. Pretreatment program. Does the treatment works have, or is subject ot, an approved pretreatment program? Yes No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. Number of non-categorical SIUs. Number of ClUs. b. SIGNIFICANT INDUSTRIAL USER INFORMATION:: Supply the following Information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Mailing Address: F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): F.6. Flow Rate. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in a. gallons per day (gpd) and whether the discharge is continuous or intermittent. _ continuous or _ intermittent) Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection b. system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd __ continuous or _____ intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits Yes No b. Categorical pretreatment standards Yes No If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER: Children's Home of Virginia Baptists Inc.

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	٧	PDES Permit # VA0027561	OMB Number 2040-0086
F.8.	Problems problems	ns at the Treatment Works Attributed to Waste (e.g., upsets, interference) at the treatment works in the	Discharge by the SIU. Has the SIU caused or contributed to any e past three years?
	Yes	No If yes, describe each episode.	
RCRA	HAZARI	DOUS WASTE RECEIVED BY TRUCK, RAIL	OR DEDICATED PIPELINE:
F.9.	·······	Vaste. Does the treatment works receive or has it in the	e past three years received RCRA hazardous waste by truck, rail or
	Yes	No (go to F.12)	
F.10	Waste t	ransport. Method by which RCRA waste is received (check all that apply):
	Truc	k Rail Dedicated Pipe	
F.11	Waste I	Description. Give EPA hazardous waste number and	amount (volume or mass, specify units).
	EPA Haz	rardous Waste Number Amount	<u>Units</u>
			was the same of th

CERC WAST	LA (SUP EWATEI	ERFUND) WASTEWATER, RCRA REMEDIA R, AND OTHER REMEDIAL ACTIVITY WAS	ATION/CORRECTIVE ACTION TEWATER:
F.12	Remed	iation Waste. Does the treatment works currently (or	has it been notified that it will) receive waste from remedial activities?
		(complete F.13 through F.15.)	,
F.13	Waste (originate	Origin. Describe the site and type of facility at which the in the next five years).	e CERCLA/RCRA/or other remedial waste originates (or is excepted to
F.14	Polluta known.	nts. List the hazardous constituents that are received ((Attach additional sheets if necessary.)	or are expected to be received). Include data on volume and concentration, if
F.15	Waste	Treatment.	
	a.	Is this waste treated (or will be treated) prior to entering	g the treatment works?
		Yes No	
-		If yes, describe the treatment (provide information abo	ut the removal efficiency):

	b.	Is the discharge (or will the discharge be) continuous of	or intermittent?
		Continuous Intermittent	If intermittent, describe discharge schedule.
i .			

END OF PART F. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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SUPPLEMENTAL APPLICATION INFORMATION PART G. COMBINED SEWER SYSTEMS If the treatment works has a combined sewer system, complete Part G. G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information) a. All CSO discharge points. b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters). Waters that support threatened and endangered species potentially affected by CSOs. C. G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information. a. Location of major sewer trunk lines, both combined and separate sanitary. Locations of points where separate sanitary sewers feed into the combined sewer system. b. Locations of in-line and off-line storage structures. đ. Locations of flow-regulating devices. e. Locations of pump stations. **CSO OUTFALLS:** Complete questions G.3 through G.6 once for each CSO discharge point. G.3 Description of Outfall. Outfall number h Location (city or town, if applicable) (Zip Code) (County) (State) (Latitude) (Longitude) Distance from shore (if applicable) d. Depth below surface (if applicable) Which of the following were monitored during the last year for this CSO? Rainfall CSO pollutant concentrations CSO frequency CSO flow volume Receiving water quality How many storm events were monitored during the last year? G.4. CSO Events. a. Give the number of CSO events in the last year. events (___actual or __approx.) Give the average duration per CSO event. b.

hours (actual or approx.)

FACILITY NAME AND PERMIT NUMBER:

Children's Home of Virginia Baptists Inc.

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c.	Give the average volume per CSO event.	
	million gallons (actual or approx.)
d.	Give the minimum rainfall that caused a CSO event in the	e last year
	Inches of rainfall	
.5. Des	cription of Receiving Waters.	
a.	Name of receiving water:	***************************************
b.	Name of watershed/river/stream system:	
	United State Soil Conservation Service 14-digit watershe	d code (if known):
c.	Name of State Management/River Basin:	
	United States Geological Survey 8-digit hydrologic catalogue	ging unit code (if known):
.6. CSC	Operations.	
perm		aused by this CSO (e.g., permanent or intermittent beach closings, isories, other recreational loss, or violation of any applicable State water

	END OF I	PART G.
REFER	TO THE APPLICATION OVERVIEW TO	DETERMINE WHICH OTHER PARTS OF FORM

Additional information, if provided, will appear on the following pages.

May 1, 2008

Ms. Virginia R.E. Kelly Commonwealth of Virginia Department of Environmental Quality Piedmont Regional Office 4949-A Cox Road Glen Allen, VA 23060 MAY 15 2008 PRO

RE: Request for Waiver of Annual Effluent Testing VPDES Permit

No. VA0027561

Dear Ms. Kelly:

Our Client, Children's Home of Virginia Baptists Inc. is requesting a waiver from annual effluent testing in order to gather the required data prior to submittal of the VPDES renewal permit. No data has been collected at the site, as the Lagoon has no effluent discharge. We plan to sample the lagoon at the designed outfall inlet. Three separate sampling will be collected at a minimum of two weeks apart for BOD, fecal coliform, TSS. Additionally, field measurements for pH and temperature will be collected at the time of sampling.

Please feel free to contact me at 540-552-0144, or by email at gmanhart@es-and-c.com.

Sincerely,

ENVIRONMENTAL SERVICES & CONSULTING, LLC

Gary L. Manhart

Environmental Geologic Scientist



MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY Piedmont Regional Office

4949-A Cox Road, Glen Allen, Virginia 23060-6295

804/527-5020

TO:	Curt Linderman
FROM:	Gina Kelly
DATE.	May 19 2008

Waiver Request for VA0027561 – Children's Home of Virginia Baptist Lagoon SUBJECT:

COPIES: File (R/W, right)

The permittee has requested a waiver from the Form 2A, Item A.12 sampling with regards to the sample seasonality requirement (i.e. at least two samples must be taken at least four months apart). Please note the following:

- The facility has the ability to discharge to an unnamed tributary of Church Creek in the Appomattox River Basin) and has a design flow rate of 0.010 MGD.
- As the facility has not discharged from the lagoon in the past two permit cycles, no effluent sampling has been performed.
- The facility intends to provide data from three sample analyses for all parameters (pH, temperature, fecal coliform, TSS and BOD) required in Form 2A, A.12; all samples will be collected near the inlet to the outfall standpipe and will be taken at least two weeks apart.

Given the nature of the home's operations, significant variation in the influent is not likely. Thus, I recommend waiving the timing requirement for these tests.

Comments: As veconvended, for his per-	I have to sent
	mit you may.
	5/21/08

FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMA	ТТ	ON	ľ
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This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

- 1. All applicants must complete Section A (General Information).
- 2. Will this facility generate sewage sludge? X_Yes _No

Will this facility derive a material from sewage sludge? __Yes _X_No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes _X_No

Will sewage sludge from this facility be applied to the land? Yes X No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

- a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
 Yes __No
- b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No
- c. Will sewage sludge from this facility be sent to another facility for treatment or blending? _Yes _No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes _X_No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 SECTION A. GENERAL INFORMATION

All applicants must complete this section.

	Facili	ty Information.
	a.	Facility name: Children's Home of Virginia Baptist Inc.
	b.	Contact person: <u>Jean Cobb</u>
		Title: Administrator
		Phone: (804) 590-2080
	c.	Mailing address:
		Street or P.O. Box: 6900 Hickory Road
		City or Town: Petersburg State: VA Zip: 23803
	d.	Facility location:
		Street or Route #: 6900 Hickory Road
		County: Chesterfield County
		City or Town: Petersburg State: VA Zip: 23803
	e.	Is this facility a Class I sludge management facility? Yes X No
	f.	Facility design flow rate: 0.010 mgd
	g.	Total population served: 40
	ĥ.	Indicate the type of facility:
		Publicly owned treatment works (POTW)
		X Privately owned treatment works
		Federally owned treatment works
		Blending or treatment operation
		Surface disposal site
		Other (describe):
<u>.</u>	Appl	icant Information. If the applicant is different from the above, provide the following:
	a.	Applicant name: Environmental Services and Consulting
	b.	Mailing address:
	c.	Street or P.O. Box: 101 Professional Park Drive
		City or Town: Blacksburg State: VA Zip: 24060
	d.	Contact person: Stuart Lynde
		Title: Principal Scientist
		Phone: (540) 522-0144
	d.	Is the applicant the owner or operator (or both) of this facility?
		<u>N/A</u> owner <u>N/A</u> operator
	e.	Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
		X facility applicant
3.	Perm	it Information.
	a.	Facility's VPDES permit number (if applicable): VA0027561
	b.	List on this form or an attachment, all other federal, state or local permits or construction approvals received
		or applied for that regulate this facility's sewage sludge management practices:
		Permit Number: Type of Permit:
4.	India	in Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this
		ty occur in Indian Country? Yes X No If yes, describe:
		· · · · · · · · · · · · · · · · · · ·

FACILITY NAME: Children's Home of Virginia Baptists Inc.

VPDES PERMIT NUMBER: VA0027561

- 5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
 - Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
- 6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. Sludge, when needed to be removed, will be pumped from the lagoon by a licensed contractor/hauler and disposed of at a permitted facility.
- Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _X_No
 If yes, provide the following for each contractor (attach additional pages if necessary).
 Name:
 Mailing address:
 Street or P.O. Box:
 City or Town: ______ State: ____ Zip:
 Phone: ()
 Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Соррег				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9.	Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
	X_Section A (General Information)Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)Section C (Land Application of Bulk Sewage Sludge)Section D (Surface Disposal)

FACILITY NAME: Children's Home of Virginia Baptists Inc.

VPDES PERMIT NUMBER: VA0027561

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title <u>Jean Cobh 55</u>

11332 Date Signed 10/6/14

Telephone number (804) 590-2080

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Children's Home of Virginia Baptists Inc.

VPDES PERMIT NUMBER: VA0027561

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

THIS SECTION IS NOT APPLICABLE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1.		t Generated On Site. ry metric tons per 365-day period generated at your facility: >1 estimated dry metric tons
2.	disposa sewage a. b.	at Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or al, provide the following information for each facility from which sewage sludge is received. If you receive sludge from more than one facility, attach additional pages as necessary. Not Applicable Facility name: Contact Person: Title: Phone ()
	c.	Mailing address: Street or P.O. Box: City or Town: State: Zip:
	d.	Facility Address: (not P.O. Box)
	e. f.	Total dry metric tons per 365-day period received from this facility: dry metric tons Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3.	Treatm a.	ent Provided at Your Facility. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
	b.	Class AClass BX.Neither or unknown Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
	C.	Which vector attraction reduction option is met for the sewage sludge at your facility? — Option 1 (Minimum 38 percent reduction in volatile solids) — Option 2 (Anaerobic process, with bench-scale demonstration) — Option 3 (Aerobic process, with bench-scale demonstration) — Option 4 (Specific oxygen uptake rate for aerobically digested sludge) — Option 5 (Aerobic processes plus raised temperature) — Option 6 (Raise pH to 12 and retain at 11.5) — Option 7 (75 percent solids with no unstabilized solids) — Option 8 (90 percent solids with unstabilized solids) — None or unknown
	d.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: None
	e.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None
4.	of Vec	ation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One tor Attraction Reduction Options 1-8 (EQ Sludge). Not Applicable ge sludge from your facility does not meet all of these criteria, skip Question 4.) Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
	b.	Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

Does the receiving facility provide any additional treatment or blending not identified in f or g above?

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

VPDES Sewage Sludge Permit Application Form (2000 Rev.)

__Yes __No

h.

i.

FACI	LITY N.	to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
	j	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?YesNo
	k.	If yes, provide a copy of all labels or notices that accompany the product being sold or given away. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.
7.	Land	Application of Bulk Sewage Sludge. Not Applicable
		olete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or
	6; com	plete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)
	a.	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons
	b.	Do you identify all land application sites in Section C of this application?YesNo
		If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
	c.	Are any land application sites located in States other than Virginia?YesNo
		If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
	d.	Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).
8.	Surface Disposal. Not Applicable	
		plete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)
	a.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons
	b.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo
		If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
	c.	Site name or number:
	d.	Contact person:
		Title:
		Phone: ()
		Contact is:Site OwnerSite operator
	e.	Mailing address. Street or P.O. Box:
		City or Town: State: Zip:
	f.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal
		site: dry metric tons
	g.	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
		Permit Number: Type of Permit:
9.	Incin	eration. Not Applicable
	(Com	plete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

FACI	LITY N	AME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561
	a.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge
		incinerator: dry metric tons
	b.	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
		YesNo
		If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send
		sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
	c.	Incinerator name or number:
	đ.	Contact person:
		Title:
		Phone: ()
		Contact is:Incinerator OwnerIncinerator Operator
	e.	Mailing address.
	C.	Street or P.O. Box:
		City or Town: State: Zip:
	f.	
	1.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge
		incinerator: dry metric tons
	g.	List on this form or an attachment the numbers of all other federal, state or local permits that regulate the
		firing of sewage sludge at this incinerator:
		Permit Number: Type of Permit:
		CHINAMATA AND AND AND AND AND AND AND AND AND AN
	· .	
10.		osal in a Municipal Solid Waste Landfill. Not Applicable
		plete Question 10 if sewage sludge from your facility is piaced on a municipal solid waste landfill. Provide the following information
		ch municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one
		ipal solid waste landfill, attach additional pages as necessary.)
	a.	Landfill name:
	b.	Contact person:
		Title:
		Phone: ()
		Contact is:Landfill OwnerLandfill Operator
	¢.	Mailing address.
		Street or P.O. Box:
		City or Town:State:Zip:
	d.	Landfill location.
		Street or Route #:
		County:
		City or Town: State: Zip:
	e.	Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
		dry metric tons
	f.	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the
		operation of this municipal solid waste landfill:
		Permit Number: Type of Permit:
		~ *
	g.	Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9
	· ·	VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
		YesNo
	h.	Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid
	11.	Waste Management Regulation, 9 VAC 20-80-10 et seq.?YesNo
	i.	
	1.	Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill
		be watertight and covered? Yes No
		Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported
		AND THE OF THE DAY SEWAYE SHICIPE WIT DE TRADSPORTED

FACILITY NAME: Children's Home of Virginia Baptists Inc.

VPDES PERMIT NUMBER: VA0027561

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

THIS SECTION IS NOT APPLICABLE

1.

2.

3.

4.

5.

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 Instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

Identif	ication of Land Application Site.
a.	Site name or number:
b.	Site location (Complete i and ii)
	i. Street or Route#:
	County:
	City or Town:State:Zip:
	ii. Latitude: Longitude:
	Method of latitude/longitude determination
_	USGS map Filed survey Other
c.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable that shows the site location.
Owner	Information.
a.	Are you the owner of this land application site?YesNo
b.	If no, provide the following information about the owner:
	Name:
	Street or P.O. Box:
	City or Town: State: Zip:
	Phone: ()
Applie	er Information:
a.	Are you the person who applies, or who is responsible for application of, sewage sludge to this land
	application site?YesNo
b.	If no, provide the following information for the person who applies the sewage sludge:
	Name:
	Street or P.O. Box:
	City or Town: Zip:
	Phone: ()
C.	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person
	who applies sewage sludge to this land application site:
	Permit Number: Type of Permit:
Site T	ype. Identify the type of land application site from among the following:
	ricultural landReclamation siteForest
	olic contact siteOther. Describe
	Attraction Reduction.
Are an	y vector attraction reduction requirements met when sewage sludge is applied to the land application site?
	esNo If yes, answer a and b.
a.	Indicate which vector attraction reduction option is met:
	Option 9 (Injection below land surface)
b.	Option 10 (Incorporation into soil within 6 hours)
υ.	Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

FACILITY NAME: Children's Home of Virginia Baptists Inc.

6.

VPDES PERMIT NUMBER: VA0027561

Cumulative Loadings and Remaining Allotments. (Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.) Have you contacted DEO or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? __Yes __No If no, sewage sludge subject to the CPLRs may not be applied to this site. If yes, provide the following information: Permitting authority: Contact person: Phone:() Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, b. 1993? __Yes __No If no, skip the rest of Question 6. If yes, answer questions c - e. Site size, in hectares: ___ (one hectare = 2.471 acres) c. Provide the following information for every facility other than yours that is sending or has sent sewage sludge d. subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary. Facility name: Facility contact: Title: Phone: () Mailing address. Street or P.O. Box: City or Town:_ __ State:___ __ Zip: Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants: e. Cumulative loading Allotment remaining Arsenic Cadmium Copper Lead Mercury

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

> pH (S. U.) Percent Solids (%) Ammonium Nitrogen (mg/kg) Nitrate Nitrogen (mg/kg) Total Kjeldahl Nitrogen (mg/kg) Total Phosphorus (mg/kg) Total Potassium (mg/kg)

Alkalinity as CaCO₃ (mg/kg)

Nickel Selenium Zinc

PCBs (mg/kg)

Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO₃.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

- a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
 - 1) Water wells, abandoned or operating
 - 2) Surface waters
 - 3) Springs
 - Public water supply(s)
 - 5) Sinkholes
 - 6) Underground and/or surface mines
 - 7) Mine pool (or other) surface water discharge points
 - 8) Mining spoil piles and mine dumps
 - 9) Quarry(s)
 - 10) Sand and gravel pits
 - 11) Gas and oil wells
 - 12) Diversion ditch(s)
 - 13) Agricultural drainage ditch(s)
 - 14) Occupied dwellings, including industrial and commercial establishments
 - 15) Landfills or dumps
 - 16) Other unlined impoundments
 - 17) Septic tanks and drainfields
 - 18) Injection wells
 - 19) Rock outcrops
- b. A topographic map of sufficient detail to clearly show the following information:
 - 1) Maximum and minimum percent slopes
 - 2) Depressions on the site that may collect water
 - 3) Drainageways that may attribute to rainfall run-on to or runoff from this site
 - 4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
- c. Data and specifications for the storage facility lining material.
- d. Plan and cross-sectional views of the storage facility.
- e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.
- 9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.
- 10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.
- 11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? ___Yes ___No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% like agronomic rate at a frequency greater than once in a 3 year period)

FACILITY NAME: Children's Home of Virginia Baptists Inc.

- VPDES PERMIT NUMBER: VA0027561
- a. Provide a general location map for each county which clearly indicates the location of all the land application sites.
- b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U.
 S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service Virginia Field Office 6669 Short Lane Gloucester, VA 23061 TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

- d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)
 - Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.
 - 1) Soil symbol
 - 2) Soil series, textural phase and slope range
 - 3) Depth to seasonal high water table
 - 4) Depth to bedrock
 - 5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

- e. In order to verify the information provided in item d, characterize the soil at each land application site.

 Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:
 - 1). Soil symbol
 - 2). Soil series, textural phase and slope range
 - 3). Depth to seasonal high water table
 - 4). Depth to bedrock
 - 5). Estimated soil productivity group (for the proposed crop rotation)

Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)

Soil pH (std. units)

Cation Exchange Capacity (meq/100g)

Total Nitrogen (ppm)

Organic Nitrogen (ppm)

Ammonia Nitrogen (ppm)

Nitrate Nitrogen (ppm)

Available Phosphorus (ppm)

Exchangeable Potassium (mg/100g)

Exchangeable Sodium (mg/100g)

Exchangeable Calcium (mg/100g)

Exchangeable Magnesium (mg/100g)

Arsenic (ppm)

Cadmium (ppm)

Copper (ppm)

Lead (ppm)

Mercury (ppm)

Molybdenum (ppm)

Nickel (ppm)

Selenium (ppm)

Zinc (ppm)

Manganese (ppm)

Particle Size Analysis or

USDA Textural Estimate (%)

- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

FACILITY NAME: Children's Home of Virginia Dantista Inc.

PACIL	111 NAME: Chioren's nome of virgina Sapisis Inc.	VPDES PERMIT NUMBER: VA002/561
MITTER O	SEWAGE SLUDGE APPLICA	ATION AGREEMENT
	ECTION IS NOT APPLICABLE	
1 ms sev	wage sludge application agreement is made on this date	between, referred to here as the "Permittee".
referred	to here as "landowner", and	, referred to here as the "Permittee".
	mer is the owner of agricultural land shown on the map attac ("landowner's land"). Perm	nittee agrees to apply and landowner agrees to comply with
certain p by VPD	permit requirements following application of sewage sludge ES permit number which is held by the	on landowner's land in amounts and in a manner authorized
conditio	mer acknowledges that the appropriate application of sewage oning to the property. Moreover, landowner acknowledges health, the following site restrictions must be adhered to when on:	having been expressly advised that, in order to protect
1.	Food crops with harvested parts that touch the sewage slud not be harvested for 14 months after application of sewage	
2.	Food crops with harvested parts below the surface of the la sewage sludge when the sewage sludge remains on the land into the soil;	nd shall not be harvested for 20 months after application of surface for four months or longer prior to incorporation
3.	Food crops with harvested parts below the surface of the la sewage sludge when the sewage sludge remains on the land into the soil;	nd shall not be harvested for 38 months after application of surface for less than four months prior to incorporation
4.	Food crops, feed crops, and fiber crops shall not be harves	ed for 30 days after application of sewage sludge;
5.	Animals shall not be grazed on the land for 30 days after a	oplication of sewage sludge;
6.	Turf grown on land where sewage sludge is applied shall n sludge when the harvested turf is placed on either land with otherwise specified by the State Water Control Board;	ot be harvested for one year after application of the sewage a a high potential for public exposure or a lawn, unless
7.	Public access to land with a high potential for public expossewage sludge;	ure shall be restricted for one year after application of
8.	Public access to land with a low potential for public exposisewage sludge.	are shall be restricted for 30 days after application of
9.	Tobacco, because it has been shown to accumulate cadmiu following the application of sewage sludge borne cadmium pounds/acre).	m, should not be grown on landowner's land for three years equal to or exceeding 0.5 kilograms/hectare (0.45

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:	Permittee:
Signature	Signature
Mailing Address	Mailing Address

1.

2.

THIS SECTION IS NOT APPLICABLE

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

Inform	nation on Active Sewage Sludge Units.
a.	Unit name or number:
b.	Unit location
	i. Street or Route#:
	County:
	City or Town:State:Zip:
	ii. Latitude: Longitude:
	Method of latitude/longitude determination
	USGS map Filed survey Other
c.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable)
	that shows the site location.
d.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:
e.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: dry metric tons.
f.	Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1 x 10 ⁻⁷ cm/sec?YesNo If yes, describe the liner or attach a description.
g.	Does the active sewage sludge unit have a leachate collection system?YesNo If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:
h.	If you answered no to either f or g, answer the following: Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?YesNo If yes, provide the actual distance in meters:
i.	Remaining capacity of active sewage sludge unit, in dry metric tons:
	Provide with this application a copy of any closure plan developed for this active sewage sludge unit.
Sewa	ge Sludge from Other Facilities.
	wage sludge sent to this active sewage sludge unit from any facilities other than yours?YesNo s, provide the following information for each such facility, attach additional sheets as necessary.
a.	Facility name:
Ъ.	Facility contact: Title:
_	Phone: ()
c.	Mailing address.
	Street or P.O. Box: City or Town: State: Zip:
d.	List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other
u.	federal, state or local permits that regulate the facility's sewage sludge management practices:
	Permit Number: Type of Permit:
۵	Which class of nathogon radiation is achieved before assume that I have the first of
e.	Which class of pathogen reduction is achieved before sewage sludge leaves the other facility? Class AClass BNeither or unknown
f.	Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

FACIL	JTY NAI	ME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561
*ACII	g.	Which vector attraction reduction option is achieved before sewage sludge leaves the other facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) None or unknown Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:
	ì.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:
2	Vicator	Attraction Reduction.
3.	a.	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit? Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage sludge unit daily)
	b.	Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:
4.	Ground	d Water Monitoring.
	a.	Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit?YesNo If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.
	b.	Has a ground water monitoring program been prepared for this active sewage sludge unit? YesNo If yes, submit a copy of the ground water monitoring program with this application.
	c.	Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated?YesNo If yes, submit a copy of the certification with this application.
5.	Are yo	pecific Limits. ou seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit? sNo If yes, submit information to support the request for site-specific pollutant limits with this application.

VPDES Permit Application Addendum
1. Entity to whom the permit is to be issued: Children's Home of Virginia Baptists Inc. Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Y/N
3. What is the tax map parcel number for the land where this facility is located?776-623-792
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? None
5. <u>ALL FACILITIES</u> : What is the design average flow of this facility?0.010MGD Industrial facilities: What is the max. 30-day avg. production level (include units)? N/A
In addition to the above design flow or production level, should the permit be written with limits fany other discharge flow tiers or production levels? $Y/N_{\!\!\!/}^{\!\!\!/}$
If A Yes≅, please specify the other flow tiers (in MGD) or production levels:
Please consider: Is your facility=s design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?
6. Nature of operations generating wastewater: Residential Fqcility
0 % of flow from non-domestic connections/sources
7. Mode of discharge : X Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges:
8. Identify the characteristics of the receiving stream at the point just above the facility=s discharge point: Permanent stream, never dry Intermittent stream, usually flowing, sometimes dry Ephemeral stream, wet-weather flow, often dry X Effluent-dependent stream, usually or always dry Lake or pond at or below the discharge point Other:
9. Approval Date(s):

O & M Manual SWCB on 10/14/82 Sludge/Solids Management Plan None

Have there been any changes in your operations or procedures since the above approval dates? Y/N

AUTHORIZATION FOR PUBLIC NOTICE BILLING

TO

VPDES PERMIT APPLICANT

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the Progress-Index.

Authorizing Agent: Signature

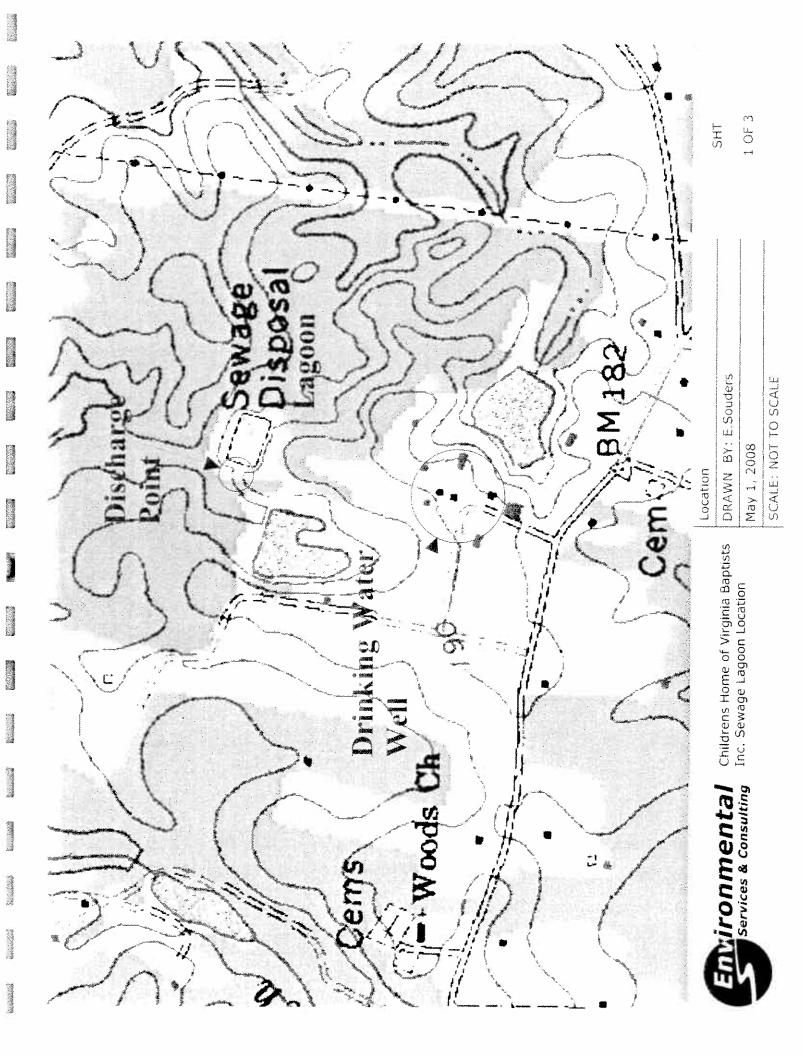
Applicant's Address: Children's Home of Virginia Baptists, Inc.

6900 Hickory Rd.

Petersburg, Virginia 23803

Telephone Number: 804/590-2080

Permit No. VA0027561 Attn: Gina Ebbett Kelly





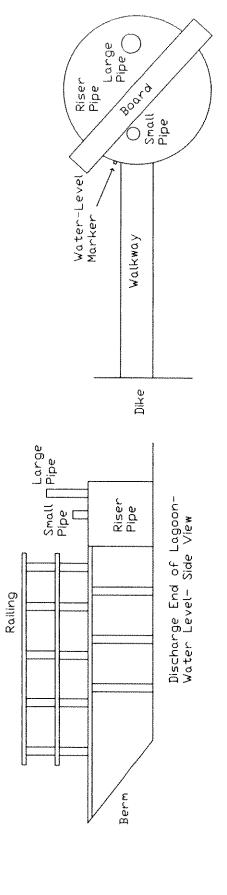
Sewage Lagoon Flow Diagram of Facilities DRAWN BY: E.Souders APRIL 30, 2008

SCALE: NOT TO SCALE

2 OF 3

NNN FT. 008'661 ,ND = ε \times 222 300 × -300 ft. DIKe Flow Pipe Riser Pipe Walkway

Childrens Home of Virginia Baptist Inc. Sewage Lagoon Flow Diagram of Facilities



F. Whitelenkink

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Sales Company

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Discharge End of Lagoon- Top View

R S P F

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Water-Level

Marker

<u>Б</u>

 \Box

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O

Dpening

Over-Flow



Virginia Baptists Inc. Sewage Lagoon Details Childrens Home of

DRAWN BY: E.Souders SCALE: NOT TO SCALE APRIL 30, 2008

Drawings Are Not To Scale 3 OF 3 SH Lagoon Details

B and B Consultants, Inc. 316 East Third Street Clinse City, VA 23924 (434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 26-Jun-08

CLIENT: CHILDREN'S HOME OF VA BAPTISTS ADDRESS: 6900 HICKORY RD PETERSBURG, VA 23803

	SAMPLE ID#;	8-1623	SAMPLE LOCATION: POND OUTFALL
-	SAMPLE DATE:	6/19/08	SAMPLE TIME: 14:30
	DATE RECEIVED:	6/19/08	TIME RECEIVED: 16:15
Į	SAMPLE TYPE:	GRAB	COLLECTED BY: A ALEXANDER

PARAMETER	RESULTS	DATE OF ANADYSIS	TIME OF	метнов	ANALYST
BOD	8	6/20/08	10:18	SM18 5210B	34.762
TSS	9	6/20/08	8:58	SM18 2540D	A.A.
FECAL COLIFORM	65	6/19/08	17:02	SM18 9222D	Α,Λ.
рН	6.92	6/19/08	14:32	SM18 4500HB	A.A.
TEMPERATURE	25.2	6/19/08	14:32	C	<u> </u>
					A.A.
alues above are in mg/l except			To the state of th		

Values above are in mg/l except pH

pH = S.U.COLIFORM # C/100 mt

REVIEWED BY: Denise Longo

MISC-0608

B and B Consultants, Inc. 316 East Third Street Chase City, VA 23924 (434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 5-Jun-08

CLIENT: CHILDREN'S HOME OF VA BAPTISTS

ADDRESS: 6900 HICKORY RD PETERSBURG, VA 23803

SAMPLE ID #:	8-1338	SAMPLE LOCATION: POND OUTFALL
SAMPLE DATE:	5/26/08	SAMPLE TIME: 13:45
DATE RECEIVED:	5/26/08	TIME RECEIVED: 15:30
SAMPLE TYPE:	GRAB	COLLECTED BY: A ALEXANDER

		DATE	TIME		1000
PARAMETER	RESULTS	ANALYSIS	TIME OF ANALYSIS	THE PLANE	NAME
BOD	<5	5/28/08	10:00	SM18 5210B	A.A.
TSS	3	6/2/08	7:58	SM18 2540D	A.A.
FECAL COLIFORM	41	5/26/08	15:45	SM18 9222D	A.A.
pН	6.97	5/26/08	13;47	SM18 4500HB	A.A.
TEMPERATURE	28.8	5/26/08	13:47	С	A.A.
Jahres of over the small arran					

Values above are in mg/l except pH

pH = S, U.

REVIEWED BY: Denie Longo

MISC-0508

05/21/2008 09:32

B and B Consultants, Inc. 316 East Third Street . Chase City, VA 23924 (434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 20-May-08

434-372-0709

CLIENT: CHILDREN'S HOME OF VA BAPTISTS ADDRESS: 6900 HICKORY RD PETERSBURG, VA 23803

SAMPLE ID #: 8-1186 SAMPLE LOCATION: LAGOON EFFLUENT

SAMPLE DATE: 5/7/08 SAMPLE TIME: 15:12

DATE RECEIVED: 5/7/08 TIME RECEIVED: 17:02

SAMPLE TYPE: GRAB COLLECTED BY: A ALEXANDER

Market Market	EESTLES		TANK OF		4494
BOD	<5	5/8/08	13:25	SM18 5210B	
T8 \$	2	5/12/08	10:10	SM18 2540D	<u>Α.Λ.</u>
FECAL COLIFORM	5	5/7/08	17:12	SM18 9222D	A.A.
PH Hq	7,27	5/7/08	15;14	SM18 4500HB	
TEMPERATURE	30.2	5/7/08	15:14	C	A.A.

Values above are in mg/l except pH pH = 8. U.

COLUFORM - C/100 mi

REVIEWED BY: Danie Longo

MISC-0508

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

AUG 1 3 21 II III Form Approved 1/14/09
OMB Number 2040-0086

FORM

2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd.
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A .1.	Facility Information	•				whomb
	Facility Name	Children's Home of Virgini	a Baptists Inc.			
	Mailing Address	6900 Hickory Road, Petersburg, Virginia 23803				
	Contact Person	Jean Cobb				
	Title	Assistant Director				
	Telephone Number	(804) 590-2080				
	Facility Address (not P.O. Box)	6900 Hickory Road, Petersburg, Virginia 23803				
A.2.	Applicant Information	on. If the applicant is different fro	om the above, provide the	following:		
	Applicant Name					
	Mailing Address					
	Contact Person					
	Title					
	Telephone Number	()				
	is the applicant the	owner or operator (or both) of t	the treatment works?			
	⊠ owner	operator				
	Indicate whether corre	espondence regarding this permit	t should be directed to the	facility or the	ap p licant.	
		☐ applicant				
A.3.	Existing Environmer the treatment works (i	ntal Permits. Provide the permit include state-issued permits).	number of any existing er	nvironmental (permits that have been issued t	0
	NPDES		PSD			
	UIC		Other	VPDES Per	rmit # VA0027561	
	RCRA		Other			
Α.4.	Collection System Info population of each entity ownership (municipal, pr	rmation. Provide information on and, if known, provide information invate, etc.).	municipalities and areas on on the type of collection	served by the n system (con	e facility. Provide the name and nonlined vs. separate) and its	
	Name	Population Served	Type of Collection	System	Ownership	
	Children's Home			•	- · · · · · · · · · · · · · · · · · · ·	
	of Virginia					
	Baptists Inc.	40	<u>Separate</u>	· · · · · · · · · · · · · · · · · · ·	Private	
	Total population se	erved <u>40</u>				

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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A.5.	Indiar	Country.					
	a.	Is the treatment works locat	ed in Indian Country?				
		☐ Yes					
	b.	Does the treatment works di flows through) Indian Counti	scharge to a receiving water that γ?	is either in Indian Country o	or that is up	ostream from (and	eventually
		☐ Yes					
A.6.			the treatment plant (i.e., the wast daily flow rate for each of the last " occurring no more than three m				provide the onth time
	a.	Design flow rate 0.010	mgd				
			Two Years Ago	Last Year		This Year	
	b.	Annual average daily flow ra	te <u>0</u>	0		0	
	c.	Maximum daily flow rate	0	0		0	***************************************
A .7.	Collect contribu	ion System. Indicate the type(tion (by miles) of each.	s) of collection system(s) used by	the treatment plant. Chec	k all that a	pply. Also estimat	e the percent
	⊠ Sep	arate sanitary sewer			100		_%
	☐ Con	nbined storm and sanitary sewe	er		***************************************	······	_%
A.8.	Discha	rges and Other Disposal Meti	nods.				
	a.	Does the treatment works dis	scharge effluent to waters of the U	J.S.? Yes		⊠ No	
		If yes, list how many of each	of the following types of discharg	e points the treatment work	s uses:		
		i. Discharges of treat	ted effluent				
		ii. Discharges of untre	eated or partially treated effluent				
		iii. Combined sewer o	verflow points				
		iv. Constructed emerg	ency overflows (prior to the head	works)			
		v. Other	······································				<u> </u>
	b.	Does the treatment works dis that do not have outlets for di	scharge effluent to basins, ponds, scharge to waters of the U.S.?	or other surface impoundm	ent s	⊠ No	***************************************
			or each surface impoundment:			23 40	
		Location:					
		Annual average daily volume	discharge to surface impoundme	nt(s) 0		mgd	
			nuous or intermittent?	Min			
	C.	Does the treatment works lan	d-apply treated wastewater?		Yes	⊠ No	
		If yes, provide the following for	r each land application site:			23 110	
		Location:		***************************************			
		Number of acres:					
		Annual average daily volume	applied to site:	lt.	gđ		
			ontinuous or intermitten		J-		
	đ.	Does the treatment works dis- treatment works?	charge or transport treated or untr		er Yes	⊠ No	T T T T T T T T T T T T T T T T T T T

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If transport is by a party other than the applicant, provide:
Transporter Name
Mailing Address
Contact Person
Title
Telephone Number ()
For each treatment works that receives this discharge, provide the following:
Name
Mailing Address
Contact Person
Title
Telephone Number ()
If known, provide the NPDES permit number of the treatment works that receives this discharge
Provide the average daily flow rate from the treatment works into the receiving facility
Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection);
If yes, provide the following for each disposal method:
Description of method (including location and size of site(s) if applicable):
Underground percolation below the lagoon
Annual daily volume disposed by this method: unknown, but appears to be similar to the imput
Is disposal through this method

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

. i	Descri	ption of Outfall.				
á	a.	Outfall number	001			
ł	b.	Location	Petersburg (City or town, if applic	cable)	***************************************	23803 (Zip Code)
			Chesterfield (County)			VA (State)
			(Lattitutde)			(Longitude)
C) ,	Distance from shore (if app	olicable)	N/A		ft.
d	1.	Depth below surface (if ap	plicable)	N/A		 ft.
е).	Average daily flow rate		0		mgd
f.		Does this outfall have eithed discharge?	er an intermittent or a	periodic Yes	⊠ No	(go to A.9.g.)
		If yes, provide the following	information:			(3° 10° 110.g.)
		Number f times per year di	scharge occurs:			
		Average duration of each of	lischarge:			
		Average flow per discharge):	***************************************		_ _ mgd
		Months in which discharge	occurs:		······································	90
g	•	Is outfall equipped with a d	iffuser?	Yes	⊠ No	-
D	escrip	tion of Receiving Waters.			***************************************	
a.		Name of receiving water	None			
b.	•	Name of watershed (if know	vn) <u>James Riv</u>	er		
		United States Soil Conserva	ation Service 14-digit	watershed code (if	known):	
c.		Name of State Managemen			es River	
		United States Geological St	urvey 8-digit hydrolog):
đ.		Critical low flow of receiving acute N/A			,	cfs
۵.				flow (if applicable):		

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

	Y	roca	rennn,	# VAUUZ/	567						
A.11.	Descrip	otion o	f Treatmen	t	***************************************		***************************************				
	a.	What	levels of tre	eatment are	provided? C	heck all th	at apply				
		-	rimary		Secondary		iat apply.				
		□ A	dvanced	r	Other. De						
	b.			ٺ Wing remova	ıl rates (as ap		******				
					sign CBOD5 i			0			
			n SS remov			0111014	'	0	······································		- %
			n P remova				•	<u> </u>			. %
		_	n N remova				•	0		<u> </u>	. %
		Other					:	9			. %
	c.	What	type of disir	nfe c tion is u	sed for the ef	fluent from	this outfal	2 If disinfaction			. % ole a se describe:
		001					i uno odijai	ir ii disiniectioii	vanes o	y season, p	ole a se describe:
		If disin	fection is b	y chlorinatio	n is dechlorir	nation used	d for this ou	tfall?	Yes	3	☐ No
	d.	Does t	he treatme	nt plant have	e post aeratio	n?			— □ Yes	3	☑ No
Outfall	data mu number:	st be b	001	l least three	samples an	d must be	e no more	CFR Part 136 than four and c	one-half y	/ears apar	t.
	PARÁM	ETER	-	MAXIMUM	DAILY VAL	UE		AVERAG	E DAILY	' VALUE	· · · · · · · · · · · · · · · · · · ·
				Value	Unit	s	Value	Uni			er of Samples
pH (Min	nimum)			6.92	s.u.		e Great an		4 , 16	way.	
pH (Ma:		····		7.27	s.u.	i (f	140				
Flow Ra				0					1		
	ature (Wir ature (Sur										all all
Tomper			report a mi	30.2 nimum and	C a maximum d	lailv value	28.1	<u> </u>			3
	POLLU			MAXIMU	JM DAILY HARGE		VERAGE DISCHA		1	YTICAL THOD	ML/MDL
· · · · · · · · · · · · · · · · · · ·				Conc.	Units	Conc.	Units	Number of Samples			
CONVE	ENTIONA	L AND	NON CO	NVENTION	AL COMPO	DUNDS		<u> </u>	1	·······	
	MICAL OXY O (Report or		BOD5	8	mg/L	6	mg/L	3	SM18	5210B	
	COLIFORI	·	CBOD5			***************************************					
	SUSPENDE)S (TSS)	65	mg/L	37	mg/L	3		9222D	
\w U			· · · · · · · · · · · · · · · · · · ·	9	mg/L	4.67	mg/L	3	SM18	2540D	

END OF PART A. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

			gpd
	Brie	efly exp la in any steps u	nderway or planned to minimize inflow and infiltration.
B.2.		ographic Map. Attack Indaries. This map mu I map does not show th	n to this application a topographic map of the area extending at least one mile beyond facility property st show the outline of the facility and the following information. (You may submit more than one map if e entire area.)
	a.	The area surrounding the	ne treatment plant, including all unit processes.
	b.	The major pipes or othe treated wastewater is d	er structures through which wastewater enters the treatment works and the pipes or other structures through which scharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.		vater from the treatment plant is injected underground.
	d.	Wells, springs, other su works, and 2) listed in p	rface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment ublic record or otherwise known to the applicant.
	e.	Any areas where the se	wage sludge produced by the treatment works is stored, treated, or disposed.
	f.	If the treatment works re rail, or special pipe, sho disposed.	eceives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, won the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or
	chlor	rination and dechlorination	Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all ndancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., i). The water balance must show daily average flow rates at influent and discharge points and approximate daily units. Include a brief narrative description of the diagram.
B.4.	Oper	ration/Maintenance Perfor	med by Contractor(s).
	Are a	any operational or mainter	nance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a
	If yes	s, list the name, address, is if necessary).	telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional
	Nam	e:	
	Maili	ng Address:	
	Telep	ohone Number:	
	Resp	onsibilities of Contractor:	
	treatr		and Schedules of Implementation. Provide information on any uncompleted implementation schedule or ments that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the fferent implementation schedules or is planning several improvements, submit separate responses to question B.5 on B.6.)
,	a.	List the outfall number (a	ssigned in question A.9) for each outfall that is covered by this implementation schedule.
ı	b.	Indicate whether the plan	nned improvements or implementation schedule are required by local, State, or Federal agencies.
		Yes No	

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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		VPDES Permit #	VA00275	61					OMB Number 2040-0086
	C.	If the answer to B.5.b is "Yes	s," briefly des	cribe, includinç	g new maxin	num daily in	ıflow rate (if applica	able).	V
	d.	Provide dates imposed by an applicable. For improvement applicable. Indicate dates as	its bianned ind	dependentiv of	any actual d f local, State	ates of com	pletion for the impl Lagencies, indicate	lementation steps liste e planned or actual cor	d below, as mpletion dates, as
				Schedu	ıle		Actual Co	ompletion	
		Implementation Stage		MM/DD	<u> /YYYY</u>		MM/DD/Y	<u>(YYY</u>	
		- Begin Construction			<u> </u>				
		- End Construction			<u> </u>	***************************************	1		
		- Begin Discharge			<u> </u>				
		- Attain Operational Level		-	1 1	www.			
	e.	Have appropriate permits/cle	arances conc	erning other F	Federal/State	e requireme	nts been obtained:	7	No
		Describe briefly:							
		MANATAN MANAGAMAN AND AND AND AND AND AND AND AND AND A							
B.6.	EF	FLUENT TESTING DATA	GREATER	THAN 0.1 M	IGD ONLY	<u> </u>			
V	Out	urements for standard method st three pollutant scans, prefer- tfall Number:	MAXIMU	IM DAILY	ons, and mu	VERAGE	ore than four and o	ant testing data must on-half years old. ANALYTICAL METHOD	ML/MDL
			Conc.	Units	Conc.	Units	Number of Samples	METHOD	
CON	IVEN	ITIONAL AND NON CO	NVENTION	IAI COMP		L	Loamples		<u> </u>
		(as N)		AL OOM	001103				
CHLC	RINE	(TOTAL RESIDUAL, TRC)		MATERIAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C					
DISS	OLVE	D OXYGEN							
OTA	L KJE	ELDAHL NITROGEN (TKN)							
VITR.	ATE P	LUS NITRITE NITROGEN							
OIL a	nd GR	REASE							was
PHOS	PHO	RUS (Total)							
ОТА	L DIS	SOLVED SOLIDS (TDS)							
THE	R								
		<u> </u>	<u> </u>				<u> </u>		
RE	FEF	R TO THE APPLICA	TION OV	END ERVIEW A YOU N	OF PAR TO DET NUST CO	TERMIN	IE WHICH O	THER PARTS	OF FORM

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

BASIC APPLICATION I	NFORMATION	
PART C. CERTIFICATIO	N	
All applicants must complete the applicants must complete all applicants completed and are submitting. B sections that apply to the facility the sections that apply to the facility the sections that apply to the facility the sections that apply to the sections that apply the sections that apply to the sections that apply the sections the sections that apply the sections the sections that apply the sections that apply the sections the sections the sections that apply the sections the sections that apply the sections the sections that apply the sections that apply the sections the sections that apply the sections the sections the sections that apply the sections the sections that apply the sections the sections the sections the sections that apply the sections the sections that apply the sections the sections the sections the sections that apply the sections the section that appl	v slaning this certification s	er to instructions to determine who is an officer for the purposes of this certification. All A, as explained in the Application Overview. Indicate below which parts of Form 2A you have statement, applicants confirm that they have reviewed Form 2A and have completed all submitted.
Indicate which parts	of Form 2A you have c	ompleted and are submitting:
Basic Application Info		Supplemental Application Information packet:
		Part D (Expanded Effluent Testing Data)
		Part E (Toxicity Testing: Biomonitoring Data)
		Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
		Part G (Combined Sewer Systems)
ALL APPLICANTS MUST CO	MPLETE THE FOLLOV	VING CERTIFICATION.
I certify under penalty of law that to designed to assure that qualified personance the system or those personance.	his document and all attach personnel properly gather a	hments were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons who gathering the information, the information is, to the best of my knowledge and belief, true, t penalties for submitting false information, including the possibility of fine and imprisonment
Name and official title	Jean Cobb	
Signature	***************************************	
Telephone number	(804) 590-2080	
Date signed		
Upon request of the permitting aut works or identify appropriate permi	hority, you must submit any itting requirements.	y other information necessary to assure wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number:		(Complete	once for ϵ	ach outfall	l dischargi	ing effluent	t to waters	of the United	States.)	
POLLITANT		MAXIMU DISCH	M DAILY	Y	~~~	***		DISCHA			
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
METALS (TOTAL RE	COVERAB	LE), CYAN	IDE, PHEI	NOLS, AN	ID HARDN	IESS.		<u> </u>	Camples	I	<u> </u>
ANTIMONY											T
ARSENIC											
BERYLLIUM											
CADMIUM								 			
CHROMIUM								<u> </u>			
COPPER											
LEAD									<u> </u>		
MERCURY											<u> </u>
NICKEL											
SELENIUM											
SILVER						-					
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS										<u> </u>	
HARDNESS (AS CaCO3)											·····
Use this space (or a se	parate shee	t) to provid	e informat	ion on oth	er metals r	requested	by the per	mit writer			
							<u> </u>	The winter			
	<u> </u>					1				-	

Form Approved 1/14/99 OMB Number 2040-0086

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Outfall number:	N	AXIMU DISCH		/	A\	/ERAGE	E DAILY				
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
VOLATILE ORGANIC	COMPOUN	NDS	***************************************	<u> </u>			I	<u> </u>	Jampies	<u> </u>	<u> </u>
ACROLEIN											
ACRYLONITRILE									-		
BENZENE											
BROMOFORM				7							
CARBON TETRACHLORIDE											
COLORBENZENE											
CHLOROBIDBROMO- METHANE											
CHLOROETHANE						***************************************					
2-CHLORO- ETHYLVINYL ETHER										***************************************	
CHOLOROFORM			***			~					***************************************
DICHLOROBROMO- METHANE											
1,1- DICHLOROETHANE											***************************************
TRANS-1,2- DICHLORO- ETHYLENE											
1,1- DICHLOROPROPANE	***		***************************************								
ETHYLBENZENE									<u> </u>		
METHYL BROMIDE											
METHYL CHLORIDE											***
METHYLENE CHLORIDE											
1,1,2,2- TETRACHLORO- ETHANE											
TETRACHLORO- ETHYLENE											
TOLUENE											·

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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Outfall number:		(Complete	once for e	ach outfa	II dischare	ing office				
	1	MAXIMU	M DAIL	Y	A	VERAG	Ing emue	Y DISCH	s of the United	/ States.)	1
POLLUTANT		DISCH	ARGE		1		- 5/15	I DISCII	ANGE	******	
L.	Conc.	Units	Mass	Units	Conc.	Units	Mas s	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
1,1,1- TRICHLOROETHANE											
1,1,2- TRICHLOROETHANE											
TRICHLOROETHYL ENE											
VINYL CHLORIDE								1			
Use this space (or a se	parate she	et) to provi	de informa	ation on ot	her metals	L s requeste	d by the	<u> </u>	<u> </u> :r	1	<u> </u>
			····								
ACID-EXTRACTABLE	СОМРОИ	NDS									<u> </u>
P-CHLORO-M- CRESOL				**************************************							
2-CHLOROPHENOL											
2,4- DIMETHYLPHENOL					•						
4,6-DINITRO-O- CRESOL											
2,4- DINITROPHENOL						,					
2-NITROPHENOL						***************************************					
4-NITROPHENOL								<u> </u>			
PENTA CHLOROPHENOL											
PHENOL							······································				***************************************
2,4,6-TRICHLORO PHENOL											
Use this space (or a sep	arate shee	et) to provid	e informat	ion on oth	er metals	requested	by the p	l ermit writer	<u> </u>	<u> </u>	
BASE-NEUTRAL COMF	POUNDS							*	<u> </u>		
ACENAPHTHENE											
ACENAPHTYLENE											
ANTHRACENE										***************************************	
BENZIDINE											
BENZO(A) ANTHRACENE											
BENZO(A)PYRENE											
								1	1	1	,

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Outfall number: (Complete once for each outfall discharging effluent to waters of the United States.) MAXIMUM DAILY AVERAGE DAILY DISCHARGE DISCHARGE POLLUTANT **ANALYTICAL** Conc. Mass Units Units Conc. Units Mass Units Number ML/MDL **METHOD** of Samples 3.4 BENZO-**FLUORANTHENE** BENZO(GHI)PERYL ENE BENZO(K)FLUORA NTHENE BIS (2-CHLORO ETHOXY) METHANE BIS (2-CHLOROETHYL)-ETHER BIS (2-CHLOROISO-PROPYL) ETHER BIS (2-ETHYLHEXYL) PHTHALATE 4-BROMOPHENYL PHENYL ETHER BUTYL BENZYI PHTHALATE 2-CHLORO NAPHTHALENE 4-CHLORPHENYL PHENYL ETHER CHRYSENE DI-N-BUTYL PHTHALATE DI-N-OCTYL PHTHALATE DIBENZO(A,H) ANTHRACENE 1,2-DICHLORO BENZENE 1,3-DICHLORO BENZENE 1,4-DICHLORO BENZENE 3,3-DICHLORO BENZIDINE DIETHYL PHTHALATE DIMETHYL **PHTHALATE** 2.4-DINITROTOLUENE 2,6-DINITROTOLUENE **DIPHENYLHYDRAZINE**

DIPHENYLHYDRAZINE	 			<u> </u>	1	 	·
	 		L		L		

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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Outfall number:		(Complete	once for e	ach outfall	dischargi	ng effluent	to waters	of the United	States)	
DOLLUTANT	DISCHARGE				ach outfall discharging effluent to waters of the United AVERAGE DAILY DISCHARGE						
POLLUTANT	Conc.	Units	Mass	Unils	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
FLUORANTHENE									Samples		
FLUORENE										, , , , , , , , , , , , , , , , , , ,	
HEXACHLORO BENZENE								······································			
HEXACHLOROBUT ADIENE											
HEXACHLOROCYCLO- PENTADIENE											
HEXA CHLOROETHANE											
INDENO(1,2,3-CD) PYRÉNE											
ISOPHORONE								**			
NAPHTHALENE	****										
NITROBENZENE											
N-NITROSODI-N- PROPYLAMINE											**************************************
N-NITROSODI- METHYLAMINE											W
N-NITROSODI- PHENYLAMINE											***************************************
PHENANTHRENE											
PYRENE	,										
1,2,4- TRICHLOROBENZENE											######################################
Use this space (or a sep	arate sheet	t) to provid	e informat	ion on oth	er metals r	equested	by the pen	mlt writer			
		1				I					
Use this space (or a sep	arate sheet	i) to provid	e informati	ion on othe	er metals r	equested	by the perr	mit writer		1	
							<u> </u>				

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate

If no bid	methods. If test summaries a omonitoring data is required, do rete.	are available that contain all not complete Part E. Refer	of the information requested below, they not the the Application Overview for directions of the Application Overview for the Application Overview for directions of the Application Overview for the Overview	ort the reasons for using alternate hay be submitted in place of Part E. on which other sections of the form to						
E.1.	Required Tests.									
	Indicate the number of whole	effluent toxicity tests conduc	cted in the past four and one-half years.							
		onic acute								
E.2.	Individual Test Data. Con one column per test (where ea		each whole effluent toxicity test conducted st). Copy this page if more than three test	d in the last four and one-half years. Allow s are being reported.						
		Test number:	Test number:	Test number:						
	a. Test information.									
Test Sp	pecies & test method number									
Age at i	nitiation of test									
Outfall r	number									
Dates s	ample collected									
Date tes	st started									
Duration	1									
Manual I	one textory test mer	thods followed.								
	number and year of publication									
Page nu										
	c. Give the sample colle	ection method(s) used. For	multiple grab samples, indicate the number	er of grab samples used.						
24-Hour	composite									
Grab										
	d. Indicate where the sa	mple was taken in relation to	o disinfection. (Check all that apply for ea							
∃efore di	isinfection		(Shook dil triat apply for ea	cn.						
After disi	nfection									
After dec	chlorination									

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		Test number:	Test number:	Test number:
е.	Describe the point	in the treatment process at which	the sample was collected.	. cocnomber,
Sample was colle	cted:			
f.	For each test, incl	ude whether the test was intended	to assess chronic toxicity, acute toxicity	v. or both
Chronic toxicity	-			7, 01 0081
Acute toxicity				
g.	Provide the type of	f test performed.		
Static				
Static-renewal		449000000000000000000000000000000000000		
Flow-through				
h.	Source of dilution y	vater If laboratory units and if the		
aboratory water		water, specify t	ype; if receiving water, specify source.	
Receiving water				
į.	Type of dilution was			
resh water	, ype or dilution wa	ler. It sait water, specify "natural" o	or type of artificial sea salts or brine use	ed.
alt water				
j,	Give the percentage	e effluent used for all concentration	ns in the test series.	
k.	Parameters measur	ed during the test. (State whether	parameter meets test method specifica	ations)
H				
alinity				
emperature				
mmonia				
ssolved oxygen				
l,	Test Results.			
cute:				
Percent s	urvival in 100%	%		
effluent		/0	%	%
LC ₅₀				
95% C.I.		%	%	%
Control pe	rcent survival	%	%	
	cribe)		,,	%

Children's Home of Vincinia

VPDES Per	of Virginia Baptists Inc.	Form Approved 1/14/ OMB Number 2040-00			
Chronic:					
NOEC	%	%	%		
IC ₂₅	%	%			
Control percent survival	%	%	%		
Other (describe)		70	%		
m. Quality Contro	t/Quality Assurance.				
Is reference toxicant data available					
Was reference toxicant test within acceptable bounds?					
What date was reference toxicant run (MM/DD/YYYY)?	est / /	1 1	1 1		
Other (describe)					
authority and a summary	ed Biomonitoring Test Information. I xicity, within the past four and one-half years of the results. [[MM/DD/YYYY)	if you have submitted biomonitoring test, provide the dates the information wa	st information, or information is submitted to the permitting		
REFER TO THE APPL	END OF PA	ART E. ETERMINE WHICH OTHE	R PARTS OF FORM		

2A YOU MUST COMPLETE.

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

All tre	T F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES
comp	atment works receiving discharges from significant industrial users or which receive RCRA,CERCLA, or other remedial wastes mulete part F.
GEN	ERAL INFORMATION:
F.1.	Pretreatment program. Does the treatment works have, or is subject ot, an approved pretreatment program? Yes No
=.2.	Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.
	a. Number of non-categorical SIUs.
	b. Number of ClUs.
SIGN	IFICANT INDUSTRIAL USER INFORMATION::
uppl	y the following information for each SIII. If more than one SIII. It

3.	Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.
	Name:
4.	Mailing Address: Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.
	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.
	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.
	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge.
. 4. .5.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge. Principal product(s):
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.5.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd (
.5.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
5.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate. Indicate the average daily volume of process wastewater flow rate.
6.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)
6.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd
.5.	Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SI discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

FACILITY NAME AND PERMIT NUMBER: Children's Home of Virginia Baptists Inc. Form Approved 1/14/99 VPDES Permit # VA0027561 OMB Number 2040-0086 Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any F.8. problems (e.g., upsets, interference) at the treatment works in the past three years? Yes No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or F.9. Yes No (go to F.12) Waste transport. Method by which RCRA waste is received (check all that apply): F.10 Truck Rail Dedicated Pipe Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). F.11 EPA Hazardous Waste Number **Amount** <u>Units</u> CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities? F.12 Yes (complete F.13 through F.15.) Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is excepted to F.13 Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if F.14 known. (Attach additional sheets if necessary.) F.15 Waste Treatment. Is this waste treated (or will be treated) prior to entering the treatment works? Yes No If yes, describe the treatment (provide information about the removal efficiency):

Continuous

is the discharge (or will the discharge be) continuous or intermittent?

___ Intermittent

If intermittent, describe discharge schedule.

b.

END OF PART F. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

1 711	r G. C	OMBINED SEW	ER SYSTEM	15			
***************************************				ystem, complete Part G			
G.1.							······
,	a.	All CSO discha	rae nointe	g the following: (may be	included with Basic Application	n Information)	
	b.			affected by CSOs to a	booton ditata		
		-		maters),		lies, shellfish beds, sensitive aqua	itic
	C.	Waters that sup	port threatened	d and endangered specie	es potentially affected by CSO	5.	
G.2.	Syste that in	em Diagram. Provided the following	ride a diagram, information.	either in the map provide	ed in G.1 or on a separate dra	wing, of the combined sewer colle	ction syster
	a.	Location of major	or sewer trunk I	ines, both combined and	separate sanitary.		
	b.				d into the combined sewer sys	tem.	
	C.	Locations of in-l	ne and off-line	storage structures.	•		
	d.	Locations of flov	/-regulating dev	vices.			
	е.	Locations of pur	np stations.				
cso (OUTFA	LLS:					
Comple	te ques	tions G.3 through (3.6 once <u>for e</u> a	ich CSO discharge poi	nt.		
3.3		ription of Outfall.					
	a.	Outfall number					
	b.	Location					
			(city or town	n, if applicable)	(Zip Code)		
			10.				
			(County)		(State)		
			(Latitude)		(Longitude)		
	C.	Distance from sh	ore (if applicab	le)			
	d.	Depth below surf			ft.		
	e.			nitored during the last year	er for this CSO2		
		Rainfall	-		ant concentrations	.	
		CSO flow voi	ume	Receiving w		CSO frequency	
	f.			onitored during the last y			
_			cacilis Male III	ontored during the last y	ear?	*********	
.4.	CSO E						
	a.	Give the number	of CSO events	in the last year.			
		e	vents (actu	al or Tapprox)			
	b.	Give the average		al or approx.)			

FACILITY NAME AND PERMIT NUMBER: Children's Home of Virginia Baptists Inc. Form Approved 1/14/99 OMB Number 2040-0086 VPDES Permit # VA0027561 C. Give the average volume per CSO event. __ million gallons (actual or approx.) Give the minimum rainfall that caused a CSO event in the last year d. Inches of rainfall G.5. Description of Receiving Waters. Name of receiving water: Name of watershed/river/stream system: United State Soil Conservation Service 14-digit watershed code (if known): C. Name of State Management/River Basin: United States Geological Survey 8-digit hydrologic cataloging unit code (if known): G.6. **CSO Operations.** Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: <u>VA0027561</u> VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

	committee will	en sections to thi out.
1.	All ap	oplicants must complete Section A (General Information).
2.	Will	this facility generate sewage sludge? X_Yes _No
	Will t	his facility derive a material from sewage sludge?Yes _X_No
	If you Deriv	answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material ed From Sewage Sludge).
3.	Will t	his facility apply sewage sludge to the land?Yes _X_No
	Will s	sewage sludge from this facility be applied to the land? _Yes X_No
	If you	answered No to both questions above, skip Section C.
	If you	answered Yes to either, answer the following three questions:
	a.	Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? YesNo
	b.	Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land?YesNo
	c.	Will sewage sludge from this facility be sent to another facility for treatment or blending?YesNo
	If you	answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).
		answered Yes to a, b or c, skip Section C.

4.

If Yes, complete Section D (Surface Disposal).

VPDES PERMIT NUMBER: VA0027561

SECTION A. GENERAL INFORMATION

All ap	plicants n	nust complete this section.
1.	Faci	lity Information.
	a.	Facility name: Children's Home of Virginia Baptist Inc.
	b.	Contact person: <u>Jean Cohh</u>
		Title: Administrator
		Phone: (804) 590-2080
	C.	Mailing address:
		Street or P.O. Box: 6900 Hickory Road
		City or Town: Petersburg State: VA Zip: 23803
	d.	Facility location:
		Street or Route #: 6900 Hickory Road
		County: _Chesterfield County
		City or Town: Petersburg State: VA Zip: 23803
	e.	Is this facility a Class I sludge management facility?Yes _X_No
	f.	Facility design flow rate: 0.010 mgd
	g.	Total population served: 40
	h.	Indicate the type of facility:
		Publicly owned treatment works (POTW)
		_X Privately owned treatment works
		Federally owned treatment works
		Blending or treatment operation
		Surface disposal site
		Other (describe):
	Appli	icant Information. If the applicant is different from the above, provide the following:
	a.	Applicant name: Environmental Services and Consulting
	b.	Mailing address:
	c.	Street or P.O. Box: 101 Professional Park Drive
		City or Town: Blacksburg State: VA Zip: 24060
	d.	Contact person: Gary L. Manhart
		Title: Environmental and Geologic Scientist
		Phone: (540)_522-0144
	d.	Is the applicant the owner or operator (or both) of this facility?
		N/A owner N/A operator
	e.	Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
		X_ facilityapplicant (check one)
	Permi	it Information.
	a.	Facility's VPDES permit number (if applicable): <u>VA0027561</u>
	b.	List on this form or an attachment, all other federal, state or local remits

b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number: Type of Permit:

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes _X_No If yes, describe:

VPDES PERMIT NUMBER: VA0027561

- 5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
 - Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
- 6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. None, No removal of Sludge from the lagoon has occurred

7.	Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge
	generation, treatment, use or disposal the responsibility of a contractor?Yes _X_No
	If yes, provide the following for each contractor (attach additional pages if necessary).
	Name:
	Mailing address:
	Street or P.O. Box:
	City or Town: State: Zip:
	Phone: ()
	Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9.	Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
	X_Section A (General Information)Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)Section C (Land Application of Bulk Sewage Sludge)Section D (Surface Disposal)

VPDES PERMIT NUMBER: VA0027561

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and	official title <u>Jean Cobb</u>		
Signature		Date Signed	

Telephone number (804) 590-2080

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

VPDES PERMIT NUMBER: VA0027561

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

THIS SECTION IS NOT APPLICABLE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1.	Amo	unt Generated On Site.
	Total	dry metric tons per 365-day period generated at your facility: dry metric tons
2.	-10pc	unt Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or osal, provide the following information for each facility from which sewage sludge is received. If you receive ge sludge from more than one facility, attach additional pages as necessary. Facility name: Contact Person: Title: Phone ()
	c.	Mailing address: Street or P.O. Box: City or Town: State: Zip:
	d.	Facility Address: (not P.O. Box)
	e. f.	Total dry metric tons per 365-day period received from this facility: dry metric tons Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3.	Treati	nent Provided at Your Facility.
	a.	Which class of pathogen reduction is achieved for the sewage sludge at your facility? —Class A —Class B Neither or unknown
	Ь.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
	c.	Which vector attraction reduction option is met for the sewage sludge at your facility? — Option 1 (Minimum 38 percent reduction in volatile solids) — Option 2 (Anaerobic process, with bench-scale demonstration) — Option 3 (Aerobic process, with bench-scale demonstration) — Option 4 (Specific oxygen uptake rate for aerobically digested sludge) — Option 5 (Aerobic processes plus raised temperature) — Option 6 (Raise pH to 12 and retain at 11.5) — Option 7 (75 percent solids with no unstabilized solids) — Option 8 (90 percent solids with unstabilized solids) — None or unknown
	d.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:
	e.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:
4.	~~ , ~~	ation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One tor Attraction Reduction Options 1-8 (EQ Sludge).
	(II sewa a.	ge sludge from your facility does not meet all of these criteria, skip Question 4.) Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: dry metric tons
	b.	Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to

Does the receiving facility provide any additional treatment or blending not identified in f or g above?

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

VPDES Sewage Sludge Pernut Application Form (2000 Rev.)

h.

i.

__ None unknown

___ Option 8 (90 percent solids with unstabilized solids)

reduce vector attraction properties of sewage sludge:

CH	ATY N	AME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
	j	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?YesNo
	k.	If yes, provide a copy of all labels or notices that accompany the product being sold or given away. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.
	Land,	Application of Bulk Sewage Sludge.
	(Comp 6; comp	lete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or olete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)
	a.	lotal dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons
	b.	Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
	c.	Are any land application sites located in States other than Virginia?YesNo If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
	d.	Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).
		e Disposal.
	(Compl.	Total dry metric tons per 365-day period of segment that of
		Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons
	b.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo
		If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
	c. d.	Site name or number: Contact person:
	.	Title: Phone: () Contact is:Site OwnerSite operator
	e.	Mailing address. Street or P.O. Box:
	f.	City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons
	g.	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
		Permit Number: Type of Permit:
		ation.

9,

FAC	CHLITY a.	NAME: Children's Home of Virginia Baptists Inc. Total dry metric tons per 365 day period of account of the control of the con
		incinerator: dry metric tone
	b.	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo
		If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send
	c,	sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
	đ.	Contact person:
		Title:
		Phone: ()
	_	Contact is:Incinerator OwnerIncinerator Operator
	e.	Mailing address. Street or P.O. Box:
		City or Town: State: Zip:
	f.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge
	g.	List on this form or an attachment the numbers of all other federal state or local parameters.
		and the strange of this incinctator.
		Permit Number: Type of Permit:
10.	Dispo	osal in a Municipal Solid Waste Landfill.
	(Comp	elete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information
		th municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one pal solid waste landfill, attach additional pages as necessary.)
	a.	Landfill name:
	b.	Contact person:
		Title:
		Phone: ()
		Contact is:Landfill OwnerLandfill Operator
	c.	Mailing address. Street or P.O. Box:
		City or Town: State: Zip:
	d.	Landfill location.
		Street or Route #:
		County:
		City or Town: State: Zip:
	e.	Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
	f.	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the
		Paralle N and Manicipal Sofid waste landing:
		Permit Number: Type of Permit:
	g.	Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9
		to be seed, concerning the quanty of materials disposed in a municipal solid to to
	h.	Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid
	i.	Voc XI
	4.	Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered?YesNo
		Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.
		- the first terms of the first t

FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

THIS SECTION IS NOT APPLICABLE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply: The sewage sludge meets the Table I ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead). Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied. 1. Identification of Land Application Site. Site name or number: Site location (Complete i and ii) b. Street or Route#: County: City or Town: _____ State: ___ Zip: Latitude: ____ Longitude: ii. Method of latitude/longitude determination ____ USGS map _____ Filed survey _____ Other Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) c. that shows the site location. 2. Owner Information. Are you the owner of this land application site? __Yes __No If no, provide the following information about the owner: b. Name: Street or P.O. Box: City or Town: _____ State: ____ Zip: Phone: (3. Applier Information: Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? __Yes __No If no, provide the following information for the person who applies the sewage sludge: b. Name: Street or P.O. Box: City or Town:_____State:____Zip: Phone: (List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person C. who applies sewage sludge to this land application site: Permit Number: Type of Permit: Site Type. Identify the type of land application site from among the following: 4. __Agricultural land ___Reclamation site __Forest __Public contact site __Other. Describe 5. Vector Attraction Reduction. Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site? Yes ___No If yes, answer a and b. Indicate which vector attraction reduction option is met: a. ___ Option 9 (Injection below land surface) ___ Option 10 (Incorporation into soil within 6 hours) Describe, on this form or on another sheet of paper, any treatment processes used at the land application site b.

to reduce the vector attraction properties of sewage sludge:

- FAN - 6.	CILITY :	NAME: Children's Home of Virginia Baptists Inc.	VPDES PERMIT NUMBER: VA0027561
₹F _e	Cun	nulative Loadings and Remaining Allotments.	
	(CPI	nplete Question 6 only if the scwage sludge applied to this site since Ju .Rs) - see instructions.)	ly 20, 1993 is subject to the cumulative politicant loading rates
	a.	Have you contested DEO	, and a second s
	и,	Have you contacted DEQ or the permitting authority in CPLRs will be applied to ascertain whether butter	the state where the sewage sludge subject to the
		with or applied to ascertain whether blik sewas	e sludge subject to the CPLRs has been applied to this
		1 CN (VII)	
		If no, sewage sludge subject to the CPLRs may not be a	applied to this site.
		res, provide the following information:	
		Permitting authority:	
		Contact person:	
		Phone:()	
	Ь,	Based upon this inquiry, has bulk sewage sludge subject 1993? Yes No. If no. skip the rest of Oversign (t to the CDI D. L
		1993? Yes No If no, skip the rest of Question 6	to the CPLRs been applied to this site since July 20,
	c.	Site Size. In nectares:	
	đ.	Provide the following information for every facility othersubject to the CPLRs to this site since July 20, 1002.	(one hectare = 2.471 acres)
		subject to the CPI Re to this site since July 20, 1002, 10	er than yours that is sending or has sent sewage sludge
		subject to the CPLRs to this site since July 20, 1993. If this site, attach additional pages as necessary.	more than one such facility sends sewage sludge to
		Facility name:	
		Facility contact:	
		Title:	
		Phone: ()	
		Mailing address.	
		Street or P.O. Box:	
		City or Town:State:	Zip:
	e.	Provide the total loading and allotment remaining, in kgr	hectare, for each of the following pollutants:
		Cuminative loading A	lotment remaining
		Arsenic	-
		Cadmium	
		Copper	
		Lead	
		Mercury	
		Nickel	
		Selenium	
		Zinc	
Compl	tete Qnestio	ons 7-12 below only if you apply sewage sludge, or you are responsible smay be prepared as attachments to this form. Skip the following over	Southern A and A and A
by the	se questions	s may be prepared as attachments to this form. Skip the following que eclion A.7) who is responsible for the operation.	stions if you contract land anythere's
indicai	ted under S	ection A.7) who is responsible for the operation.	and application to someone else (as
~	C1. 1		
7.	Sludge	e Characterization. Use the table below or a separate attachr	nent, provide at least one analysis for each
	param	eter.	y provide at reast one analysis for each
		PCBs (mg/kg)	
		pH (S. U.)	
		Percent Solids (%)	

Ammonium Nilrogen (mg/kg) Nitrate Nitrogen (mg/kg) Total Kjeldahl Nitrogen (mg/kg) Total Phosphorus (mg/kg) Total Potassium (mg/kg) Alkalinity as CaCO₃ (mg/kg)

Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO₃.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

- a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
 - 1) Water wells, abandoned or operating
 - 2) Surface waters
 - 3) Springs
 - 4) Public water supply(s)
 - 5) Sinkholes
 - Underground and/or surface mines
 - 7) Mine pool (or other) surface water discharge points
 - 8) Mining spoil piles and mine dumps
 - 9) Quarry(s)
 - 10) Sand and gravel pits
 - 11) Gas and oil wells
 - 12) Diversion ditch(s)
 - 13) Agricultural drainage ditch(s)
 - 14) Occupied dwellings, including industrial and commercial establishments
 - 15) Landfills or dumps
 - 16) Other unlined impoundments
 - 17) Septic tanks and drainfields
 - 18) Injection wells
 - 19) Rock outcrops
- b. A topographic map of sufficient detail to clearly show the following information:
 - 1) Maximum and minimum percent slopes
 - 2) Depressions on the site that may collect water
 - 3) Drainageways that may attribute to rainfall run-on to or runoff from this site
 - 4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
- c. Data and specifications for the storage facility lining material.
- d. Plan and cross-sectional views of the storage facility.
- e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.
- 9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.
- 10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.
- 11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? __Yes __No If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

- Provide a general location map for each county which clearly indicates the location of all the land application sites.
- For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape b. features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or c. endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service Virginia Field Office 6669 Short Lane Gloucester, VA 23061 TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

- Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A d. USDA-SCS soil survey map should be provided, if available.) Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.
 - 1) Soil symbol
 - 2) Soil series, textural phase and slope range
 - 3) Depth to seasonal high water table
 - 4) Depth to bedrock
 - Estimated soil productivity group (for the proposed crop rotation) 5)

Item e - h are required for sites receiving frequent application of sewage sludge

- In order to verify the information provided in item d, characterize the soil at each land application site. e. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:
 - 1). Soil symbol
 - 2). Soil series, textural phase and slope range
 - 3). Depth to seasonal high water table
 - Depth to bedrock 4).
 - Estimated soil productivity group (for the proposed crop rotation) 5).

Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)

Soil pH (std. units)

Cation Exchange Capacity (meq/100g)

Total Nitrogen (ppm)

Organic Nitrogen (ppm)

Ammonia Nitrogen (ppm)

Nitrate Nitrogen (ppm)

Available Phosphorus (ppm)

Exchangeable Potassium (mg/100g)

Exchangeable Sodium (mg/100g)

Exchangeable Calcium (mg/100g)

Exchangeable Magnesium (mg/100g)

Arsenic (ppm)

Cadmium (ppm)

Copper (ppm)

Lead (ppm)

Mercury (ppm)

Molybdenum (ppm)

Nickel (ppm)

Selenium (ppm)

Zinc (ppm)

Manganese (ppm)

Particle Size Analysis or

USDA Textural Estimate (%)

- Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or g. nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- Using a narrative format and referencing any related charts, describe the proposed cropping system. Show h. how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 SEWAGE SLUDGE APPLICATION AGREEMENT THIS SECTION IS NOT APPLICABLE This sewage sludge application agreement is made on this date referred to here as "landowner", and , referred to here as the "Permittee". Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as ("landowner's land"). Permittee agrees to apply and landowner agrees to comply with certain permit requirements following application of sewage sludge on landowner's land in amounts and in a manner authorized by VPDES permit number _____ which is held by the Permittee. Landowner acknowledges that the appropriate application of sewage sludge will be beneficial in providing fertilizer and soil conditioning to the property. Moreover, landowner acknowledges having been expressly advised that, in order to protect public health, the following site restrictions must be adhered to when sewage sludge receives Class B treatment for pathogen reduction: Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall 1. not be harvested for 14 months after application of sewage sludge; Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of 2. sewage sludge when the sewage sludge remains on the land surface for four months or longer prior to incorporation into the soil: Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of 3. sewage sludge when the sewage sludge remains on the land surface for less than four months prior to incorporation into the soil: Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge; 4. Animals shall not be grazed on the land for 30 days after application of sewage sludge; 5. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage 6. sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the State Water Control Board; Public access to land with a high potential for public exposure shall be restricted for one year after application of 7. sewage sludge;

- Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.
- Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for three years following the application of sewage sludge borne cadmium equal to or exceeding 0.5 kilograms/hectare (0.45 pounds/acre).

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:	Permittee:		
Signature	Signature		
Mailing Address	Mailing Address		

THIS SECTION IS NOT APPLICABLE

Ziwiji.

1.

2.

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

Infor	mation on Active Sewage Sludge Units.
a.	Unit name or number:
b.	Unit location
	i. Street or Route#:
	County:
	City or Town: State: Zip:
	ii. Latitude: Longitude:
	Method of latitude/longitude determination
	— USGS map Filed survey Other
c.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is a provide by
	that shows the she location.
d.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: dry metric tons.
e.	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: dry metric tons.
f.	Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of
	1 x 10 ⁻⁷ cm/sec?YesNo If yes, describe the liner or attach a description.
	in yes, describe the liner of attach a description.
Œ	Door the entire and 1.3
g.	Does the active sewage sludge unit have a leachate collection system?YesNo
	if yes, describe the leachate collection system or attach a description. Also, describe the mothed was to
	leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:
h.	If you answered no to either f or g, answer the following:
	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the second
	disposal site: res No II ves, provide the actual distance in material
i.	Remaining capacity of active sewage sludge unit in dry metric tons:
	A throughout closure date for active sewage shidge limit it known.
	Provide with this application a copy of any closure plan developed for this active sewage sludge unit.
Sewage	e Sludge from Other Facilities.
Is sewa	age sludge sent to this active sewage sludge unit from any facilities other than yours?YesNo
lf yes,	provide the following information for each such facility, attach additional sheets as necessary.
a.	Facility name:
Ь.	Facility contact:
	Title:
	Phone: ()
c.	Mailing address.
	Street or P.O. Box:
	City or Town: State: Zip:
d.	List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other
	federal, state or local permits that regulate the facility's sewage sludge management practices:
	Permit Number: Type of Permit:
	The state of the s
e.	Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
	— Class B — Neither or unknown
f.	Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to
	reduce pathogens in sewage sludge:

FAC	ILITY N	AME: Children's Home of Virginia Baptists Inc. Which vector attraction reduction and action of the state of				
	Which vector attraction reduction option is achieved before sewage sludge leaves the other Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested, sludge)					
		— Option 5 (Aerobic processes plus raised temperature)				
		— Option 6 (Raise pH to 12 and retain at 11.5)				
		— Option 7 (75 percent solids with no unstabilized solids) — Option 8 (90 percent solids with unstabilized solids)				
		None or unknown				
	h.	Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:				
	i.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:				
3.	Vecto	r Attraction Reduction.				
	a.	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit? — Option 9 (Injection below land surface)				
		Option 10 (Incorporation into soil within 6 hours)				
	b.	Option 11 (Covering active sewage sludge unit daily) Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:				
4.	Groun	d Water Monitoring.				
	a.	Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit?YesNo If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.				
	b.	Has a ground water monitoring program been prepared for this potice assumed to				
	c.	YesNo If yes, submit a copy of the ground water monitoring program with this application. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated?YesNo If yes, submit a copy of the certification with this application.				
5.	Site-Sp	pecific Limits.				
	Are you	u seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit? No If yes, submit information to support the request for site-specific pollutant limits with this application.				

VPDES Permit Application Addendum
1. Entity to whom the permit is to be issued: Children's Home of Virginia Baptists Inc. Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Y/N
3. What is the tax map parcel number for the land where this facility is located? 776-623-792
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? None
5. ALL FACILITIES: What is the design average flow of this facility? 0.010 MGD Industrial facilities: What is the max. 30-day avg. production level (include units)? N/A
In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? $-Y/N$
If A Yes≅, please specify the other flow tiers (in MGD) or production levels:
Please consider: Is your facility=s design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?
6. Nature of operations generating wastewater: Residential Fqcility
7. Mode of discharge : X Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges:
8. Identify the characteristics of the receiving stream at the point just above the facility=s discharge point: Permanent stream, never dry Intermittent stream, usually flowing, sometimes dry Ephemeral stream, wet-weather flow, often dry X Effluent-dependent stream, usually or always dry Lake or pond at or below the discharge point Other:

9. Approval Date(s):

O & M Manual SWCB on 10/14/82 Sludge/Solids Management Plan None

Have there been any changes in your operations or procedures since the above approval dates? Y / N

AUTHORIZATION FOR PUBLIC NOTICE BILLING

TO

VPDES PERMIT APPLICANT

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the *Progress-Index*.

Authorizing	Agent:
	Signature
	Orginala C

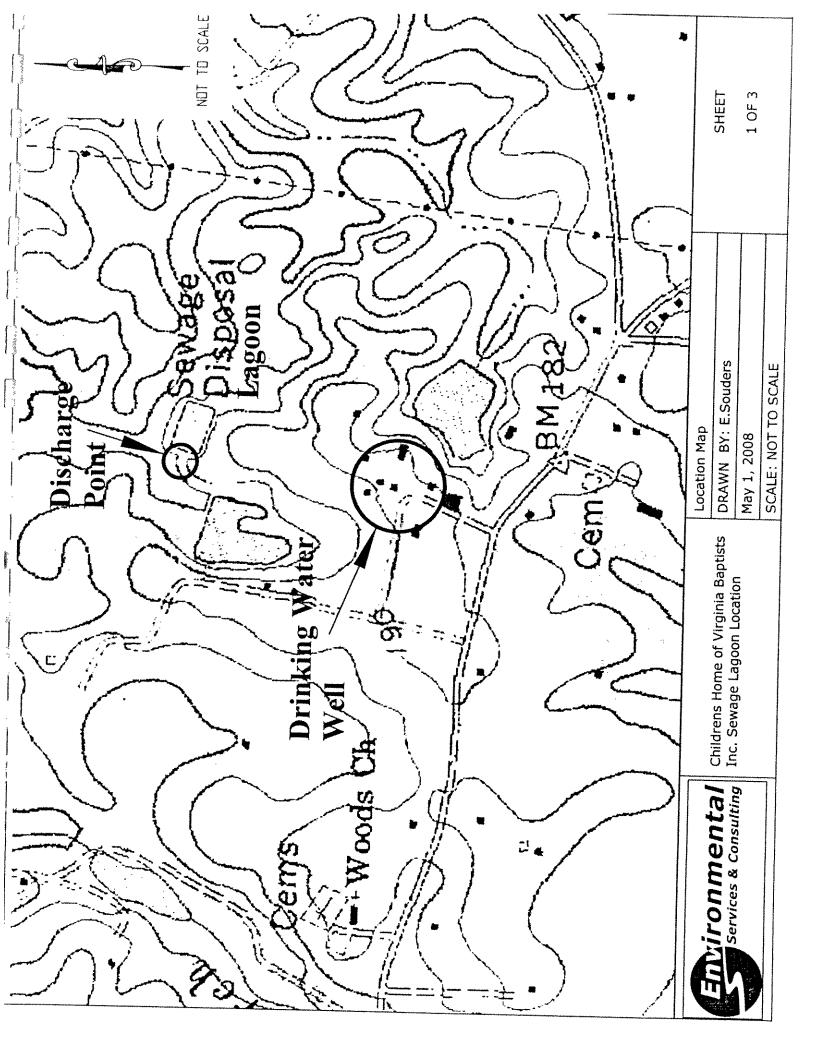
Applicant's Address: Children's Home of Virginia Baptists, Inc.

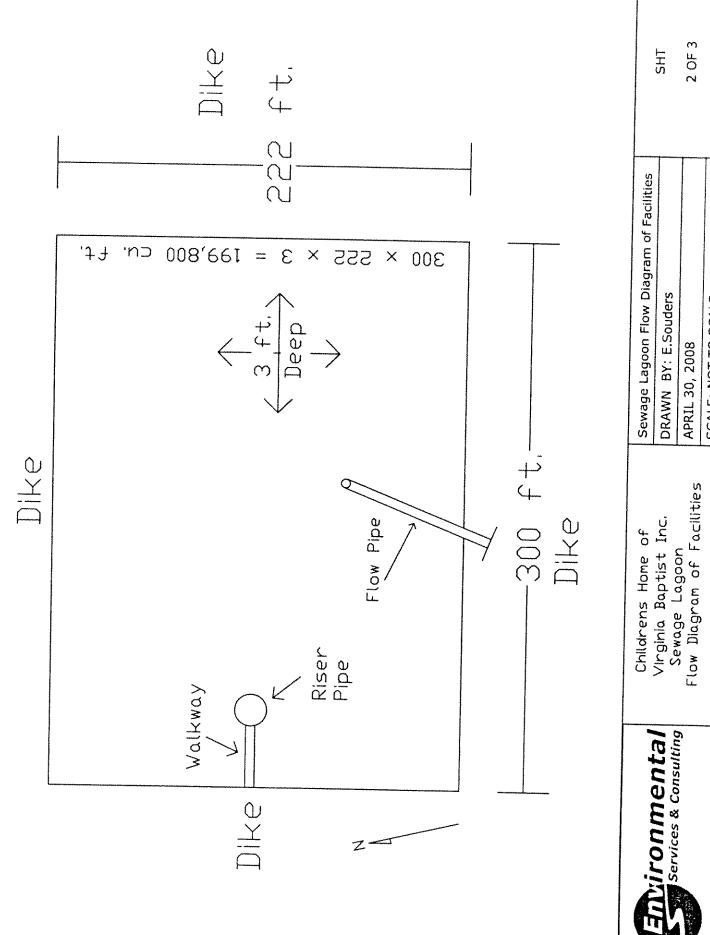
6900 Hickory Rd.

Petersburg, Virginia 23803

Telephone Number: 804/590-2080

Permit No. VA0027561 Attn: Gina Ebbett Kelly





DRAWN BY: E.Souders APRIL 30, 2008

2 OF 3

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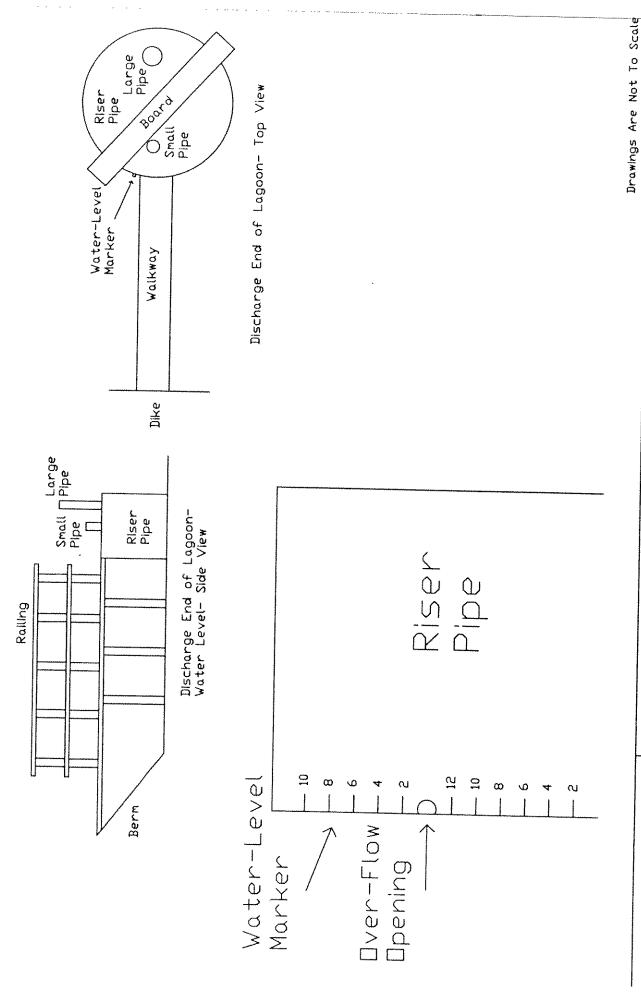
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Childrens Home of Virginia Baptists Inc. Sewage Lagoon Details

Lagoon Details
DRAWN BY: E.Souders
APRIL 30, 2008
SCALE: NOT TO SCALE

3 OF 3

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B and B Consultants, Inc. 316 East Third Street Chase City, VA 23924 (434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 26-Jun-08

CLIENT: CHILDREN'S HOME OF VA BAPTISTS ADDRESS: 6900 HICKORY RD PETERSBURG, VA 23803

SAMPLE ID #:	8-1623	SAMPLE LOCATION: PO	OND OUTFALL
SAMPLE DATE:	6/19/08	SAMPLE TIME:	14:30
DATE RECEIVED:	6/19/08	TIME RECEIVED:	16:15
SAMPLE TYPE:	GRAB	COLLECTED BY:	A ALEXANDER

PARAMETER	RESULTS	DATE OF ANALYSIS	TIME OF	Мстнор	ANALYST
BOD	8	6/20/08	10;18	The state of the s	NAME
TSS	9	6/20/08	8:58	SM18 5210B	A.A.
FECAL COLIFORM	65	6/19/08	17:02	SM18 2540D	Α.Λ.
р Н	6.92	6/19/08	14:32	SM18 9222D	<u> </u>
TEMPERATURE	25.2	6/19/08		SM18 4500HB	Λ.Α.
			14:32	С	Α.Α.
	·				

lucs above are in mg/l except					

pH = S. U.

COLIFORM = C/10Eml

REVIEWED BY: Denise Longo

MISC-0809

B and B Consultants, Inc. 316 East Third Street Chase City, VA 23924 (434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 5-Jun-08

CLIENT: CHILDREN'S HOME OF VA BAPTISTS ADDRESS: 6900 HICKORY RD PETERSBURG, VA 23803

SAMPLE ID#: 8-1338 SAMPLE LOCATION: POND OUTFALL

SAMPLE DATE: 5/26/08 SAMPLE TIME: 13:45

DATE RECEIVED: 5/26/08 TIME RECEIVED: 15:30

SAMPLE TYPE: GRAB COLLECTED BY: A ALEXANDER

्रिकार्य कर्म स्थान स्थान स्थान स्थान		DATE OF	TIME OF		WSAUKST
restricted in the second	RESULTS	ANALYSIS	ANALYSIS	METHOD	NAME
BOD	<\$	5/28/08	10:00	SM18 5210B	A.A.
TS\$	3	6/2/08	7:58	SM18 2540D	A.A.
FECAL COLIFORM	41	5/26/08	15:45	SM18 9222D	A.A.
р Н	6.97	5/26/08	13:47	SM18 4500HB	۸.۸.
TEMPERATURE	28.8	5/26/08	13:47	C	A.A.
		-			
					
/al at /					

Values above are in mg/l except pH

pH = S. U.

COLIFORM = C/100 ml

REVIEWED BY: Denice Longo

PAGE 01

05/21/2008 09:32

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434-372-0709

B & B LAB

B and B Consultants, Inc. 316 East Third Street . Chase City, VA 23924 (434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 20-May-08

CLIENT: CHILDREN'S HOME OF VA BAPTISTS

ADDRESS: 6900 HICKORY RD PETERSBURG, VA 23803

SAMPLE ID #: 8-1186 SAMPLE LOCATION: LAGOON EFFLUENT SAMPLE DATE: 5/7/08 SAMPLE TIME: 15:12 DATE RECEIVED: 5/7/08 TIME RECEIVED: 17:02 SAMPLE TYPE: GRAB COLLECTED BY: A ALEXANDER

BOD STATES	eravi i				
ВОД	<5	5/6/08	13:25	17,000,000	
TBS	2	5/12/08	10:10	SM18 5210B	A.A.
FECAL COLIFORM	5	5/7/08	17:12	SM18 2540D SM18 9222D	
pH	7.27	5/7/08	15:14	SM18 4500HB	
TEMPERATURE .	30.2	5/7/08	15:14	C	A.A.
					 ^^ _
loes above are in ree/i except					

Values above are in regil except pH

pH = 6. U.

COLUFORM - C/100 mi

REVIEWED BY: Denus Longo

MISC-0508

Bauer, Jaime

From:

Ben Leatherland [BLeatherland@es-and-c.com]

Sent:

Wednesday, December 03, 2008 4 22 PM

To:

Bauer Jaime

Cc:

Stuart Lynde

Subject:

RE: Children's Baptist Home of Virginia

Attachments: EPA form 2AFACILITY NAME AND PERMIT NUMBER_revised pages.pdf; VPDES Sludge Application

2 revised.pdf

Hi Jaime

Sorry for the response delay. Here are the revised pages (see attached). The only revision we could not make was to include a winter temperature, since we do not have this data. Please let us know if additional sampling will be required to address this issue. I hope you had a great Thanksgiving. Please call with any questions. Thanks.

Ben Leatherland, P.W.S., CPESC Environmental Services and Consulting, LLC 101 Professional Park Drive, Suite 303 Blacksburg, VA 24060 bleatherland@es-and-c.com 540.552.0144 main 540.552.1528 fax

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Think Green - Not every email needs to be printed.

From: Bauer, Jaime [mailto:jlbauer@deq.virginia.gov] Sent: Wednesday, November 05, 2008 10:39 AM

To: Ben Leatherland

Cc: vabaptisthomes@comcast.net; Stuart Lynde Subject: RE: Children's Baptist Home of Virginia

Good morning, Ben,

I received your email just as I was typing up this email to you. During an internal review, a few more items in the application were identified that need addressing. These items are listed below. I will continue to draft the permit and fact sheet but will need for these items to either be corrected on the application or some statement (letter or email) from you and/or the facility addressing them. If you have any questions, please let me know.

Jaime

Outstanding issues:

Form 2A

- o A.8.a and e both have "Yes" and "No" marked. A.8.a should be marked "Yes." A.8.e should be marked "No."
- o A.9 Latitude and Longitude Coordinates are missing. Please provide this information.
- o A.12 There is no winter temperature provided. This is because samples were collected for the application in late spring or early summer. Please provide winter temperature data for the facility.
- A.12 The reported units on the fecal coliform samples are incorrect.

Sludge App

o Page 1 suggests section B should be filled out, but it's marked N/A (as most of Section B is truly N/A);

however, this conflict should probably be resolved. Consider revising page 1 by adding a note saying while sewage sludge is generated, it is currently stored in the lagoon and sludge handling will be addressed when necessary by hiring a licensed septage hauler to remove the sludge.

- Section B.2 ESC is not the applicant. More properly, they're the agent. This item is more correctly left blank.
- Section B.7 may need to fill this item out generically (see comments above regarding Page 1 and Section B.
- o Section B.9 Part B should probably be checked (see comments above regarding Page 1 and Section B).

From: Ben Leatherland [mailto:BLeatherland@es-and-c.com]

Sent: Wednesday, November 05, 2008 10:30 AM

To: Bauer, Jaime

Cc: vabaptisthomes@comcast.net; Stuart Lynde **Subject:** RE: Children's Baptist Home of Virginia

Hi Jaime

In response to your questions:

The facility currently provides secondary treatment for TSS standards. In section A.11 of Form 2A, 'secondary treatment' for TSS should have been indicated, rather than 'primary treatment.' Thank you for catching that typographical error.

2) The facility does not currently discharge effluent, but they are aware that a chlorination disinfection system must be installed prior to any potential future effluent discharges.

Please call with any questions. Thanks, and have a great day!

-Ben

From: Bauer, Jaime [mailto:jlbauer@deq.virginia.gov]

Sent: Wednesday, October 22, 2008 10:22 AM

To: Ben Leatherland

Subject: Children's Baptist Home of Virginia

Good morning, Mr. Leatherland,

I am contacting you with questions regarding the VPDES permit application for the Children's Baptist Home of Virginia.

In section A.11 of the Form 2A, it is indicated that "primary treatment" is employed at the facility. As you may be aware, municipal treatment facilities must be able to meet secondary or secondary equivalent standards as defined in 40 CFR133.105. The previous permits for Children's Baptist Home include equivalent secondary standards for TSS. Secondary equivalent standards for waste stabilization ponds are 60 (monthly) and 90 (weekly) mg/L TSS. Please confirm that the marking of "primary treatment" in section A.11 of the application was meant to indicate that the facility will be able to meet the secondary equivalent standards.

Also included in A.11, the application indicates that no disinfection is being used at the facility. Please confirm that prior to any effluent discharge, a chlorination disinfection system will be installed.

Please consult with the facility and respond as soon as possible. Also, please note that the previous permit for the facility has expired and any effluent discharge without a permit may result in an enforcement action. I believe that confirmation of the items listed above will resolve the last of the outstanding issues with the facility. Should you have any questions, please let me know.

Jaime L. Bauer

VPDES/VPA Permit Writer

DEQ-Piedmont Regional Office

804-527-5015

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

A.5.	Indian	Country.				
	a.	Is the treatment works located in In	dian Country?			
		☐ Yes ☐ No				
	b.	Does the treatment works discharg flows through) Indian Country?	e to a receiving water that is eith	her in Indian Country or	that is ups	stream from (and eventually
		☐ Yes				
A.6.	average	ndicate the design flow rate of the tree daily flow rate and maximum daily flow with the 12 th month of "this year" occur	ow rate for each of the last three	vears. Each vear's dat	a must he	hasari on a 12-month time
	a.	Design flow rate 0.010 mgc	i			
			Two Years Ago	<u>Last Year</u>		This Year
	b.	Annual average daily flow rate	0	9		0
	c.	Maximum daily flow rate	0	0		0
A. 7.	Collecti contribu	on System. Indicate the type(s) of cition (by miles) of each.	ollection system(s) used by the	treatment plant. Check	all that ap	ply. Also estimate the percent
	🖸 Sep	arate sanitary sewer			100	%
	☐ Con	nbined storm and sanitary sewer				%
A.8.	Dischai	ges and Other Disposal Methods.				
	a. Does the treatment works discharge effluent to waters of the U.S.?					☐ No
		If yes, list how many of each of the	uses:			
		i. Discharges of treated effi	~~~~ ~~~			
		ii. Discharges of untreated	~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·············		
		ili. Combined sewer overflov	v points			
		iv. Constructed emergency	overflows (prior to the headwork	(s)		
		v. Other <u>Potential to</u>	<u>discharge. Not discharging</u>	g Currently	•	
	b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?					∑ No
		If yes, provide the following for each	n surface impoundment:			
		Location:			······································	
		Annual average daily volume discha-	arge to surface impoundment(s)	0		mgd
		Is discharge continuous	or intermittent?			
	C.	Does the treatment works land-app	ly treated wastewater?		Yes	S No
		If yes, provide the following for each	n land application site:			
		Location:				
		Number of acres:				
		Annual average daily volume applie		m	gd	
		is land application continu				
	d.	Does the treatment works discharge treatment works?	e or transport treated or untreate	ed wastewater to anothe	Yes	∑ No

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

	If transport is by a party other than the applicant, provide:
	Transporter Name
	Mailing Address
	Contact Person
	Title
	Telephone Number ()
	For each treatment works that receives this discharge, provide the following:
	Name
	Mailing Address
	Contact Person
	Title
	Telephone Number ()
	If known, provide the NPDES permit number of the treatment works that receives this discharge
	Provide the average daily flow rate from the treatment works into the receiving facility mgd
e.	Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): Yes No
	If yes, provide the following for each disposal method:
	Description of method (including location and size of site(s) if applicable):

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561 Form Approved 1/14/99 OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a.	Outfall number	001			
b.	Location	Petersburg			23803
		(City or town, if applicable			(Zip Code)
		Chesterfield			VA
		(County)			(State)
		37 deg 16 min 3.3 sec (Lattitutde)	> *		77 deg 29 min 9.0 sec (Longitude)
c.	Distance from shore (if a		N/A		ft.
d.	Depth below surface (if a	pplicable)	N/A		ft.
e.	Average daily flow rate		0		 mgd
f.		ner an intermittent or a perio	odic		
	discharge?		Yes	☑ No	(go to A.9.g.)
	If yes, provide the following				
	Number f times per year	-			****
	Average duration of each	discharge:	And the second s		•••
	Average flow per discharg	ge:			mgd
	Months in which discharg	e occurs:	Variable of the control of the contr		
g.	ls outfall equipped with a	diffuser?	☐ Yes	⊠ No	
Desci	ription of Receiving Waters	i.			
a.	Name of receiving water	un-named trib	outary to Chu	irch Branch	g de
b.	Name of watershed (if kn				
	United States Soil Conse	rvation Service 14-digit wate	ershed code (if	known):	
c.		ent/River Basin (if known):		tes River	
		Survey 8-digit hydrologic ca)}-
đ.	Critical low flow of receiving acute N/A		chronic N/A		cfs
	Total hardness of receiving	g stream at critical low flow	(if applicable):	Ν/Δ	

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

A.11.	Descripti	on of Treatme	∍nt							
	a. V	What levels of	treatment are	provided? Ch	eck all tha	it apply.				
		Primary		Secondary		., ,				
	ĺ	Advanced	,	Other. De	scribe:					
	b. I	ndicate the fol	owing remova	ıl rates (as app	olicable):			· · · · · · · · · · · · · · · · · · ·		
		Design BOD5 ı	emoval <u>or</u> De:	sign CBOD5 re	emoval	ure d	inknown influ	uent cor	nsentratio	n %
		Design SS rem	oval				lnknown influ			onnova.
		Design P remo	vai				lnknown influ		**************************************	
	מ	Design N remo	val				inknown influ			*
	C	Other				v, da	**************************************	Charles of the Common Control of the		%
	c. V	Vhat type of di	sinfection is us	sed for the effl	uent from	this outfall?	lf disinfecti o n	varies by	season, ple	-
		lone	nennennennen (vor anderstallen bliv beste sprennennen bestellen bliv bestellen bliv bestellen bliv bestellen b					•		
	И	f disi nfectio n is	by chlorinatio	n is d echl o rina	ation used	for this out	fali?	Yes	,	No
	d. D	oes the treatn	nent plant have	e post aeratior	ነ?			Yes		⊠ No
	in additio	on reported m n, this data m ents for stand	iust be based just comply w ard methods	l on data colle /ith QA/QC re for analytes :	ected thro quiremen not addre	ough analys its of 40 CF issed by 40	combined several sever	using 40 d other a	CFR Part ppropriate	136 methods. QA/QC
Outfall n	Information addition requirement data must	on reported ments for standate to based on 001	nust be based oust comply water ard methods at least three	on data colle vith QA/QC re for analytes a samples and	ected thro quiremen not addre d must be	ough analys its of 40 CF issed by 40	sis conducted R Part 136 and CFR Part 136, han four and o	using 40 d other a At a mil ne-haif y	CFR Part ppropriate nimum, eff rears apart	136 methods. QA/QC
	information in addition requirement data must	on reported ments for standate to based on 001	nust be based ust comply ward methods at least three	I on data colle vith QA/QC re for analytes samples and	ected thro quiremen not addre d must be	ough analys its of 40 CF ssed by 40 no more t	sis conducted R Part 136 and CFR Part 136	using 40 d other a At a mil ne-haif y	CFR Part ppropriate nimum, eff rears apart	136 methods. QA/QC
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pH (Mini	in additional requirement data must sumber: PARAME	on reported ments for standate to based on 001	MAXIMUM Value 6.92	f on data collegith QA/QC refor analytes as samples and DAILY VAL	ected thro quiremen not addre d must be	ough analys its of 40 CF ssed by 40 no more t	sis conducted R Part 136 and CFR Part 136, han four and o	using 40 d other a At a mid ne-haif y	CFR Part ppropriate nimum, eff rears apart	136 methods. QA/QC Tuent testing
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FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

deter	mine wh	ich sections to fill out.
1.	All a	pplicants must complete Section A (General Information).
2.	Will	this facility generate sewage sludge? X Yes No
	· 33 fg	this facility derive a material from sewage sludge?Yes _X_No le shadge is generated, it is correntle stored in the sugaron. Shage handling will be saddressed schen necessary ring a licensed septage handler to remove the shadge).
	If you Deriv	u answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material yed From Sewage Sludge).
3.	Will	this facility apply sewage sludge to the land? _Yes _X_No
	Will	sewage sludge from this facility be applied to the land? Yes X No
	If you	a answered No to both questions above, skip Section C.
	If you	a answered Yes to either, answer the following three questions:
	a.	Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? _Yes _No
	b.	Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land?YesNo
	c.	Will sewage sludge from this facility be sent to another facility for treatment or blending?YesNo
	If you	answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).
	If you	a answered Yes to a, b or c, skip Section C.
\ .	Do yo	ou own or operate a surface disposal site?Yes _X_No
	If Yes	s, complete Section D (Surface Disposal).

FACILITY NAME: Children's Home of Virginia Baptists Inc. VPDES PERMIT NUMBER: VA0027561 SECTION A. GENERAL INFORMATION

All applicants must complete this section.

a. Facility name: Children's Home of Virginia Baptists. Inc. b. Contact person: Jean Cobb Title: Administrator Phone: (804 1.590-2080) c. Mailing address: Street or P.O. Box: 6900 Hickory Road City or Town: Petersburg State: VA Zip: 23803 d. Facility location: Street or Route # 6900 Hickory Road County: Chesterfield County City or Town: Petersburg State: VA Zip: 23803 e. Is this facility a Class I sludge management facility? Yes X No Facility design flow rate: 0.010 mgd g. Total population served: 40 h. Indicate the type of facility: — Publicly owned treatment works (POTW) X Privately owned treatment works — Federally owned treatment works — Blending or treatment operation — Surface disposal site — Other (describe): 2. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant Information. If the applicant is different from the above, provide the following: Applicant Information. If the applicant is different from the above, provide the following: Applicant Information. If the applicant is different from the above, provide the following: Applicant Information. If the applicant is different from the above, provide the following: Applicant Information. If the applicant is different from the above, provi	1.	Faci	lity Information.
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c. Mailing address: Street or P.O. Box: 6900 Hickory Road City or Town: Petersburg State: VA Zip: 23803 d. Facility location: Street or Route #: 6900 Hickory Road County: Chesterfield County City or Town: Petersburg State: VA Zip: 23803 e. Is this facility a Class I sludge management facility? _Yes _X_No f. Facility design flow rate: _0.010 g. Total population served: _40 h. Indicate the type of facility: _ Publicly owned treatment works (POTW) _ X Privately owned treatment works _ Federally owned treatment works _ Blending or treatment operation _ Surface disposal site _ Other (describe): 2. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant name: Children's Home of Norghea (Applias), Inc. b. Mailing address: c. Street or P.O. Box: _0.010 Thekory Road			
c. Mailing address: Street or P.O. Box: 6900 Hickory Road City or Town: Petersburg State: VA Zip: 23803 d. Facility location: Street or Route #: 6900 Hickory Road County: Chesterfield County City or Town: Petersburg State: VA Zip: 23803 e. Is this facility a Class I sludge management facility? _Yes _X_No f. Facility design flow rate: _0.010 g. Total population served: _40 h. Indicate the type of facility: _ Publicly owned treatment works (POTW) _ X Privately owned treatment works _ Federally owned treatment works _ Blending or treatment operation _ Surface disposal site _ Other (describe): 2. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant name: Children's Home of Norghea (Applias), Inc. b. Mailing address: c. Street or P.O. Box: _0.010 Thekory Road			Phone: (804) 590-2080
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Blending or treatment operation Surface disposal site Other (describe): 2. Applicant Information. If the applicant is different from the above, provide the following: a. Applicant name: Children's Home of Augusta Baptists. Inc. b. Mailing address: c. Street or P.O. Box: 6940 Hickory Road City or Town: Pstersburg. State: VA Zip: 23803 d. Contact person: Start Lynde (Exect, agent) Title: Principal Scientist Phone: (340) 522-0144 d. Is the applicant the owner or operator (or both) of this facility? X_owner Should correspondence regarding this permit be directed to the facility or the applicant? (Check one) X_ facilityapplicant 3. Permit Information. a. Facility's VPDES permit number (if applicable): VA0027561 b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices: Permit Number: Type of Permit:			
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c. Street or P.O. Box: 69(0) Hickory Road City or Town: Petersburg State: VA Zip: 138(3) d. Contact person: Struct I ynde (ES&C) agent) Title: Principal Scientist Phone: (540) 522-0144 d. Is the applicant the owner or operator (or both) of this facility? N_owner N_operator e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one) X_ facility applicant 3. Permit Information. a. Facility's VPDES permit number (if applicable): VA0027561 b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices: Permit Number: Type of Permit:			Mailing address:
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 Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes X No If yes, describe. 			Territ Number. Type of Permit:
4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes X No If yes, describe:			
4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes X No If yes, describe:			
facility occur in Indian Country? Yes X No If yes, describe	4.	India	1 Country. Does any generation treatment storage application to land or disposal of
		facilit	y occur in Indian Country? Yes X No. If yes describe.

VPDES PERMIT NUMBER: VA0027561

- Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is 5. unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
 - Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to b. the applicant within 1/4 mile of the property boundaries.
- Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that 6. will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or

	pathogen reductio	ludge, the destination(s) of on and vector attraction red sed contractor/hauler and d	uction. Sludge,	when needed to be remo	and all methods used for oved, will be pumped from the
7.	generation, treatm If yes, provide the	nation. Are any operationa nent, use or disposal the res e following for each contra	ponsibility of a	contractor?Yes X	No
	Name: Mailing address: Street or P.O. Box	11	generated at so recessors he h	caurently stored in the l wing a licensed semage	agoon studge handling will be hauler to vomove the studge)
	City or Town:		State:	Zip:	
	Phone: ()			*	
	Contractor's Fede	ral, State or Local Permit N	Jumber(s) appli	cable to this facility's sev	vage sludge:
8.	Pollutant Concent the pollutants whi expected use or di and must be no me	ich limits in sewage sludge isposal practices. All data ore than four and one-half	clow or a separa have been estal must be based o years old.	te attachment, provide se blished in 9 VAC 25-31- on three or more samples	ewage sludge monitoring data for 10 et seq. for this facility's taken at least one month apart
	POLLUTANT	CONCENTRATION	SAMPLE	ANALYTICAL	DETECTION LEVEL
		(mg/kg dry weight)	DATE	METHOD	FOR ANALYSIS
	Arsenic				
	Cadmium				
	Chromium				
	Copper				
	Lead				
	Мегсигу				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting: _Section A (General Information) _Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge) __Section C (Land Application of Bulk Sewage Sludge)

____Section D (Surface Disposal)

Molybdenum Nickel Selenium Zinc

Bauer, Jaime

From:

Ben Leatherland [BLeatherland@es-and-c.com]

Sent:

Wednesday, January 14, 2009 4:24 PM

To:

Bauer.Jaime

Cc:

vabaptisthomes@comcast.net

Subject:

RE: Children's Baptist Home of Virginia - winter temperature data

Attachments: Page 7 of 27.pdf

Hi Jaime.

Attached, please find a revised page (7 of 27) for the Children's Home of Virginia Baptists VPDES permit renewal application, with winter temperature data noted. The winter temperature data was collected yesterday (1/13/09) at 10:30am by Froehling & Robertson of Richmond, VA. Please review, and call with any questions. We understand that with this information, the VPDES permit renewal con proceed. Thanks, and have a great day!

-Ben

From: Ben Leatherland

Sent: Monday, January 12, 2009 3:59 PM

To: 'Bauer, Jaime'

Subject: RE: Children's Baptist Home of Virginia

Hi Jaime,

I just spoke to F&R. They are scheduled to be on-site tomorrow to take the winter temperature measurements. I'll let you know as soon as we get the data from them. Please call with any questions. Thanks.

-Ben

From: Ben Leatherland

Sent: Tuesday, January 06, 2009 2:28 PM

To: 'Bauer, Jaime'

Subject: RE: Children's Baptist Home of Virginia

Hi Jaime.

I believe that Froehling and Robertson (F&R) has been contracted to get the temperature measurements (since they are closer to the site than us). I'll call today and check on status.

-Ben

From: Bauer, Jaime [mailto:jlbauer@deq.virginia.gov]

Sent: Monday, January 05, 2009 9:06 AM

To: Ben Leatherland

Subject: RE: Children's Baptist Home of Virginia

Ben,

We really need to finish up processing this application. Have you heard from Ms. Cobb regarding the winter temperature data request?

Jaime

From: Ben Leatherland [mailto:BLeatherland@es-and-c.com]

1/15/2009

Sent: Monday, December 08, 2008 2:12 PM

To: Bauer, Jaime

Subject: RE: Children's Baptist Home of Virginia

Hi Jaime,

We let Jean Cobb know about the need for winter temperature data, and are just waiting for her call back. We'll forward the requested data to you as soon as it has been collected. Please call with any questions. Thanks,

-Ben

From: Bauer, Jaime [mailto:jlbauer@deq.virginia.gov]

Sent: Thursday, December 04, 2008 11:21 AM

To: Ben Leatherland

Subject: RE: Children's Baptist Home of Virginia

Importance: High

Ben.

Thanks so much for getting this back to me. Everything looks good in the pages that you submitted. However, there is still the outstanding issue of the missing winter temperature. Until we get that resolved, we will not be able to issue the permit. Would it be possible to get someone out there that could measure the lagoon temperature sometime this month?

I have the draft permit and fact sheet ready for review. I will send hard copies to Ms. Cobb and send you the link to the electronic versions on our ftp site. A typical review by the owner is 14 days. I would like to get the permit to public notice by the end of the month.

Please let me know about the winter temperature issue.

Sincerely, Jaime

From: Ben Leatherland [mailto:BLeatherland@es-and-c.com]

Sent: Wednesday, December 03, 2008 4:22 PM

To: Bauer, Jaime **Cc:** Stuart Lynde

Subject: RE: Children's Baptist Home of Virginia

Hi Jaime,

Sorry for the response delay. Here are the revised pages (see attached). The only revision we could not make was to include a winter temperature, since we do not have this data. Please let us know if additional sampling will be required to address this issue. I hope you had a great Thanksgiving. Please call with any questions. Thanks.

Ben Leatherland, P.W.S., CPESC Environmental Services and Consulting, LLC 101 Professional Park Drive, Suite 303 Blacksburg, VA 24060 bleatherland@es-and-c.com 540.552.0144 main 540.552.1528 fax **From:** Bauer, Jaime [mailto:jlbauer@deq.virginia.gov] **Sent:** Wednesday, November 05, 2008 10:39 AM

To: Ben Leatherland

Cc: vabaptisthomes@comcast.net; Stuart Lynde **Subject:** RE: Children's Baptist Home of Virginia

Good morning, Ben,

I received your email just as I was typing up this email to you. During an internal review, a few more items in the application were identified that need addressing. These items are listed below. I will continue to draft the permit and fact sheet but will need for these items to either be corrected on the application or some statement (letter or email) from you and/or the facility addressing them. If you have any questions, please let me know.

Jaime

Outstanding issues:

Form 2A

- A.8.a and e both have "Yes" and "No" marked. A.8.a should be marked "Yes." A.8.e should be marked "No."
- o A.9 Latitude and Longitude Coordinates are missing. Please provide this information.
- A.12 There is no winter temperature provided. This is because samples were collected for the application in late spring or early summer. Please provide winter temperature data for the facility.
- A.12 The reported units on the fecal coliform samples are incorrect.

Sludge App

- Page 1 suggests section B should be filled out, but it's marked N/A (as most of Section B is truly N/A); however, this conflict should probably be resolved. Consider revising page 1 by adding a note saying while sewage sludge is generated, it is currently stored in the lagoon and sludge handling will be addressed when necessary by hiring a licensed septage hauler to remove the sludge.
- Section B.2 ESC is not the applicant. More properly, they're the agent. This item is more correctly left blank.
- Section B.7 may need to fill this item out generically (see comments above regarding Page 1 and Section B.
- o Section B.9 Part B should probably be checked (see comments above regarding Page 1 and Section B).

From: Ben Leatherland [mailto:BLeatherland@es-and-c.com]

Sent: Wednesday, November 05, 2008 10:30 AM

To: Bauer, Jaime

Cc: vabaptisthomes@comcast.net; Stuart Lynde **Subject:** RE: Children's Baptist Home of Virginia

Hi Jaime.

In response to your questions:

- 1) The facility currently provides secondary treatment for TSS standards. In section A.11 of Form 2A, 'secondary treatment' for TSS should have been indicated, rather than 'primary treatment.' Thank you for catching that typographical error.
- 2) The facility does not currently discharge effluent, but they are aware that a chlorination disinfection system must be installed prior to any potential future effluent discharges.

Please call with any questions. Thanks, and have a great day!

From: Bauer, Jaime [mailto:jlbauer@deq.virginia.gov] **Sent:** Wednesday, October 22, 2008 10:22 AM

To: Ben Leatherland

Subject: Children's Baptist Home of Virginia

Good morning, Mr. Leatherland,

I am contacting you with questions regarding the VPDES permit application for the Children's Baptist Home of Virginia.

In section A.11 of the Form 2A, it is indicated that "primary treatment" is employed at the facility. As you may be aware, municipal treatment facilities must be able to meet secondary or secondary equivalent standards as defined in 40 CFR133.105. The previous permits for Children's Baptist Home include equivalent secondary standards for TSS. Secondary equivalent standards for waste stabilization ponds are 60 (monthly) and 90 (weekly) mg/L TSS. Please confirm that the marking of "primary treatment" in section A.11 of the application was meant to indicate that the facility will be able to meet the secondary equivalent standards.

Also included in A.11, the application indicates that no disinfection is being used at the facility. Please confirm that prior to any effluent discharge, a chlorination disinfection system will be installed.

Please consult with the facility and respond as soon as possible. Also, please note that the previous permit for the facility has expired and any effluent discharge without a permit may result in an enforcement action. I believe that confirmation of the items listed above will resolve the last of the outstanding issues with the facility. Should you have any questions, please let me know.

Jaime L. Bauer

VPDES/VPA Permit Writer

DEQ-Piedmont Regional Office

804-527-5015

Children's Home of Virginia Baptists Inc. VPDES Permit # VA0027561

Form Approved 1/14/99 OMB Number 2040-0086

A.11.	Description	Oi ileaunei	ı t							
	a. Wh	at levels of tre	eatment are	provided? Cl	heck all th	at apply.				
		Primary		Secondary		,				
		Advanced	;	Other. De	escribe:					
	b. Indi	cate the follow	wing remova	al rates (as ap	plica bl e):			*****		
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		ign SS remov					Unknown influ			
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	Oth	er				**	A. 1. 25. 4 A. 33. 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	aciil <u>Cui</u>	roemanc	
	c. Wha	it type of disir	nfection is u	sed for the eff	luent from	this outfall	? If disinfection	varies hy	29200 n	, %
	<u>No</u>						,	varios by	season, pi	lease describe:
	If dis	sinfection is b	y chlorinatio	n is dechlorin	ation used	for this out	tfall?	☐ Yes	2	No
				e post aeratio				Yes		□ No ☑ No
										testing data for
Outfall	number:	001					than four and o			
	PARAMETE		B # A 3/18 # 1 1 1 1				*			
nH /Mi		R		I DAILY VAL			AVERAGI	E DAILY	/ VALUE	
Pi i (ivii	olmum)	R	Value	Units		Value	AVERAGI Uni			er of Samples
nH /M-	nimum)	R	Value 6.92	Units s.u.		Value				
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